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ABSTRACT

This serial "double issue" focuses on protecting children and supporting families through greater collaboration between child welfare services and family resource programs. The issue includes the featured articles: (1) "Making the Media a Constructive Force in Child Welfare" (Kathy Bonk), which discusses how the media and child welfare agencies can take steps to present child welfare in a way that educates the public and draws needed attention to the pressing issues of child protection; (2) "Race and Child Welfare Service: Myths, Realities, and Next Steps" (Mark E. Courtney and others), which addresses the poorer outcomes and fewer services provided for minority children; (3) "Latino Families and Child Welfare" (Robert M. Ortega and Ernest V. Nunez); (4) "Putting Federal Dollars To Work for Family Preservation and Support" (Marc Mannes), which reviews the federal Family Preservation and Support Service Program and presents case studies; (5) "Family Group Decision Making: An Internationally Replicated Alternative to Foster Care" (Lina Cramer and Lisa Merkel-Hoguin), which describes a model that fosters cooperation, collaboration, and communication between child welfare professionals and families; (6) "The Organizational Culture of Child Protective Services" (Paul Vincent); (7) "Neighbors Helping Neighbors To Protect Children" (Chuck Abel and Carol R. Rickey), which highlights a community partnership that reaches out to families who are isolated, to parents in crisis, and to families under stress; (8) "A Family-to-Family Answer to Foster Care" (Julia DeLapp); (9) "On Being a Foster Parent: Empowering Parents Is the Greatest Reward" (Cheryl Mays); (10) "Promoting Child Safety: Advice from Parents Anonymous" (Teresa Rafael), which provides four front-line practices that encourage successful family outcomes by creating partnerships between practitioners and parents; and (11) "Preventing Child Abuse: Healthy Families America" (Linda Turner), which describes a program that prevents child abuse and neglect and enhances family functioning by providing intensive parenting education and support services in families' homes. (CR)

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report

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PROTECTING CHILDREN AND SUPPORTING FAMILIES

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National Resource Center for Family Centered Practice

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Acknowledgments

FRCA wishes to thank first and foremost the parents and the staff of agencies and programs who contributed to this publication. Many took the time to be interviewed by *Report* staff; others wrote articles themselves. Their efforts are especially valuable in light of their direct experience working to improve systems to protect children and support families. Their hard work and hope are what generated the content for this issue, and for that FRCA extends its gratitude.

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Cover Photo

Talo Tufaga is pictured with her daughter Paleni. Five years ago, after Tufaga gave birth to her third child, she began taking part in activities with a worker from the *Hana Like* Home Visitor Program. Through the program, workers visit women in the hospital who have just given birth, and offer home visits to those whose backgrounds and stress factors indicate they might be at risk of abusing or neglecting their children—including parents like Tufaga, who have not been involved with the child welfare system.

A former welfare recipient, she now is studying to be a draftsman and working part-time at PACT (Parents and Children Together) in Honolulu's Kuhio Park Terrace, the program that administers *Hana Like*. "I changed the way I am raising my kids," says Tufaga. "I spend more time with them reading, talking, doing things together. I listen to them, what they're feeling." *Hana Like* has been replicated in Hawaii as Healthy Start and across the mainland United States as Healthy Families America (see story, this issue).

This photo and others are part of a nationwide photo exhibit tour and public education campaign, Pursuing the Dream: What Helps Children and Their Families Succeed. The campaign begins this fall with publication of a photo book that shows community-based programs in action, and is a collaboration among FRCA, award-winning photographer Stephen Shames, and Aperture Foundation. For information on how to get involved or bring the exhibit to your community, contact FRCA.

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FRCA *REPORT*

Executive Director, VIRGINIA L. MASON
Editor, KATHY GOETZ WOLF
Assistant Editor, JACQUELINE LALLEY
Consulting Editors, MARIA ELENA ORREGO, NILOFER AHSAN, and JULIA DELAPP
Cover Photo, STEPHEN SHAMES
Art Director, LYNN PEARSON
Editorial Assistant, SHAMARA RILEY
Reporter, JULIA DELAPP
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Family Resource Coalition of America is a membership, consulting, and advocacy organization that has been advancing the movement to strengthen and support families since 1981. The family support movement and FRCA seek to strengthen and empower families and communities so that they can foster the optimal development of children, youth, and adult family members. FRCA builds networks, produces resources, advocates for public policy, provides consulting services, and gathers knowledge to help the family support movement grow. For information or to become a member, contact FRCA at 200 S. Michigan Ave., 16th Floor, Chicago, IL 60604, 312/341-0900, 312/341-9361 (fax).

The opinions expressed in the *FRCA Report* are those of the authors; the *Report* strives to include a variety of perspectives from the family support field.

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Table of Contents

Introduction to the Issue 2
Frank Farrow

Child Welfare in the News: Coverage That Works 3
Kathy Bonk

Race and Child Welfare Services: Myths, Realities, and Next Steps 5
Mark E. Courtney, Richard P. Barth, Jill Duerr Berrick, Devon Brooks, Barbara Needell, and Linda Park

Latino Families and Child Welfare 8
Robert M. Ortega and Ernest V. Nuñez

Practitioner Interview: Culture Is Key to Building Trust with Families 9

Putting Federal Dollars to Work for Family Preservation and Support 10
Marc Mannes

Santa Clara County, California 11

Connecticut 13

Tribal Communities 14

Family Group Decision Making: A Replicated Model that Puts Families in Charge 16
Lina Cramer and Lisa Merkel-Holguin

The Organizational Culture of Child Protective Services 19
Paul Vincent

Foundations Sponsor Two Community-Based Initiatives 21

A Parent's Perspective on Building Community Partnerships 22

Community Partnerships for Protecting Children 23
Chuck Abel and Carol R. Rickey

Family-to-Family Initiative 24
Julia DeLapp

On Being a Foster Parent 26
Cheryl Mays

Partnerships with Parents: Advice from Parents Anonymous 27
Teresa Rafael

Healthy Families America: Home Visits to Prevent Child Abuse Early 28
Linda Turner

Resource File 29

4

Protecting Children and Supporting Families

The Growing Partnership Between Child Welfare and Family Support

An Introduction to the Issue

by Frank Farrow

Recently, a child protective services worker described what was needed by the families with whom she works. She talked first about formal services, particularly drug treatment programs and mental health services. Then she added something new. "You know," she said, "what I really wish we had is a dozen more places like the family resource center down the street. They seem to get through to families when no one else can!"

Ten years ago, few child welfare workers even knew about family resource centers, let alone saw them as important tools for their own practice. For decades, public child welfare agencies and the family support movement existed side by side but with little interaction. Now, increasingly, they find themselves working together to promote strong families and children's healthy development. As with any new relationship, however, the sailing is not always smooth. In states and communities across the country, people from public child welfare agencies and from family support programs are learning how to talk with one another, how to respect each other's perspectives, how to share responsibilities, and eventually how to become partners in reality as well as in rhetoric.

This issue of FRCA *Report* highlights what many people are doing to bring child welfare services and family support principles and practices closer together. To place these innovations in context, it is useful to look both backward and forward. Why have child welfare services and family resource programs been so distant from one another, and what problems has that distance created? Looking ahead, what are the major opportunities for child welfare agencies and family resource programs to join together?

Different Histories

The child welfare and family support fields have very different histories. Child welfare services are based on strong federal and state mandates that have accumulated over almost 70 years. Although child welfare started in the settlement houses of immigrant neighborhoods, it gradually has become a highly specialized form of professional social work. With attention to the "battered child" syndrome in the 1960s and the subsequent passage by every state of new laws directed at reporting, investigating, and treating child abuse and neglect, a protective services orientation—which emphasized removing the child from the home—dominated child welfare. For many workers, the "child saving" mindset separated concern for the well-being of the child from attention to the whole family—and even pitted the two against each other.

The goal is for child welfare services and the family support movement to join forces more fully and to become complementary aspects of a common field.

This history differs radically from the family resource movement's origins. Having emerged in the 1970s and 1980s, family support is a younger field. It has remained firmly rooted in the neighborhoods from which it developed, steadfastly committed to a family perspective, and less centered on the role of the "professional." The legalistic, often bureaucratic, and highly selective nature of child welfare services often alienated family support practitioners who were working to defend the merits of universally available services.

A Time of Transition and Opportunity

Child welfare is now a field in flux, affected by forces from within and without. Public child welfare agencies have been overwhelmed in the past decade by the increase in family poverty, the epidemic of crack/cocaine use in many cities, and a 100-percent increase in reports of abuse and neglect. The exact ways in which welfare reform will affect child welfare are not yet known, but at the very least, it will heighten stress in some of the most vulnerable families.

Faced with these pressures, child welfare leaders are seizing the opportunity to create a better system—a system that simultaneously is more attentive to safety and recognizes that for most families the path to safety involves stronger family supports. The most interesting and promising new directions in child welfare are based on the principles that have long undergirded family support: a focus on prevention, recognition of family strengths and assets, partnerships with neighborhoods and communities, and an alliance with the informal supports (such as kinship networks and friends) that are families' first choice for help.

Can We Create a Lasting Partnership?

The federal Family Preservation and Support Services Program, enacted in 1993, spurred hundreds of new acquaintances between child welfare and family support programs. The challenge is to convert these into lasting partnerships.

The goal is for child welfare services and the family support movement to join forces more fully and to become complementary aspects of a common field. What families need and communities want is a unified system of community and neighborhood supports that is equally effective in promoting the healthy development of all families and in safeguarding the relatively few children whose families cannot care for them.

The innovations highlighted in this issue of FRCA *Report* are steps toward that goal. These and other efforts demonstrate that when child welfare and family support practitioners and policymakers join forces, families are the winners.

Frank Farrow is a former member of the FRCA Board of Directors and is Director of Children's Services Policy at the Center for the Study of Social Policy, 1250 Eye Street, Suite 503, Washington, DC 20005, 202/371-1565 (phone), 202/371-1472 (fax), ffarrow@cssp.org (e-mail).

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Making the Media a Constructive Force in Child Welfare

by Kathy Bonk

Studies on the public's reaction to child welfare in the media have turned up some surprising results: Most media consumers said they do expect government to take care of children and want to see action that makes children the priority. When asked to choose between working to keep abused children safe in their own homes and removing them from those homes, they were uneasy with the choice; many responded, "It depends."

Media coverage of child welfare can work to reinforce the public's common sense regarding child protection, as it is evidenced above. But when sensational coverage becomes the norm, it can further frustrate an already angry audience. When a tragedy happens inside a child welfare agency, directors can either close all their doors and hope the stories go away (which rarely happens) or they can respond to the press and public by holding themselves and the system accountable, taking action, and making changes. Both the media and child welfare agencies can take steps to present child welfare in a way that educates the public and draws needed attention to the pressing issues of child protection.

Educating the Media

"Now what is the difference between child care and foster care?"

This question, asked by a network news correspondent before the Stand for Children march held in 1996 in Washington, D.C., illustrates some journalists' lack of understanding of child welfare issues.

Few journalists are foster parents, have ever been in the system as children, or have experienced the inner workings of child welfare agencies directly. And many who are assigned to cover child welfare are frustrated by confidentiality rules that they perceive as helping to "cover up" mistakes or negative parts of the system. When unable to use interviews and photographs of families and children who are in the system, many opt to cover killings and other sensational stories, often with the help of local police departments, who would rather draw attention to the child welfare agency than to their own departments. Thus, the vicious circle continues and the public is more and more confused about the role and effectiveness of children's services.

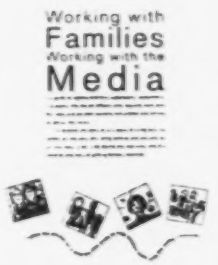
Research Shows Public's Common Sense

Over the past two years, focus groups and research projects have helped to show public attitudes about child welfare agencies and children's services. The American Public Welfare Association commissioned Celinda Lake of Lake Research, a Democratic firm, and Vince Breglio of R/S/M, a Republican firm, to gauge the attitudes of a representative cross-section of Americans on child abuse, child neglect, and the crisis surrounding a child's death. The report showed that:

- People from all walks of life are concerned about and fear for the well-being of those who cannot defend themselves.
- People are aware of, but do not like to talk about, specific cases of abuse and neglect. Some described themselves as "numb" to media coverage about child abuse after countless tragedies. When pressed to discuss a particular instance with a disastrous outcome, many people vent their strong frustration and anger over the outcome.
- Upon hearing the term "child protective services," very few people say they know much about it. They do say that the primary goal of these services is the safety of children, and that they do expect government to take care of kids and want to see action that makes children the priority.
- Most people do not expect a 100-percent rate of success from the agency, but feel it should be the goal. Cases involving repeated abuse or in which the child is returned to an abusive family and a tragedy results, are the hardest to explain to the public.

A more comprehensive study was done for the Public Children Services Association of Ohio by Triad Research Group/Phyllis Dykes & Associates. This two-year project produced enlightening recommendations on communicating with the public, based on public perceptions about what agencies should do when children are at risk of abuse or neglect by their parents.

People believe that children's services agencies should thoroughly investigate any allegation of abuse and neglect. The public wants and expects a full investigation in a reasonable period of time to make sure that one parent isn't "covering up" in order to protect the other parent. And before taking any action, people said, children's services agencies should have "proof" that abuse and/or neglect is actually occurring. The public also expects agencies to carefully monitor the situation to ensure the child's safety and to assess the family's progress in resolving its problems. People are basically sympathetic to social workers and the difficult decisions they must make. When a tragedy does occur, the public wants accountability, action, and change.



Resources to help educate the public and the media about child welfare and other family issues are available from Communications Consortium Media Center (which publishes the guide pictured here) at 202/326-8700, and from FRCA at 312/341-0900.

The Media's Potential for Change

Better and more regular coverage of positive reforms will require advocates for children and families, heads of child welfare agencies, and news editors to create changes in their institutions.

First, advocacy organizations and others who are working to improve the field of child welfare need to realize that sending out an occasional press release and holding a news conference now and then are no longer adequate means of rallying public support. Good media coverage is a prized possession. It can usually be achieved through strategic planning, which entails carefully crafting messages, cultivating relationships with reporters on a story-by-story basis, examining polling and focus-group research to determine how best to frame the issues for the public, and preparing high-quality materials that contain accurate and up-to-date information. Most important, reporters are looking for interesting ways to tell a story, and they need help finding families who are willing to be interviewed on camera or photographed.

A media strategy plan is similar to developing action plans regarding litigation or legislation: it requires a clear understand-

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ing of all of the necessary techniques and professionals that will be involved. Spokespeople need to be comfortable with media interviews and make time in their schedules for building relationships with individual reporters. Adequate resources, both time and money, need to be devoted to communications activities to achieve modest success.

Second, child welfare agencies need to understand that the days of hiding behind confidentiality rules are just about over. State legislatures are asking tough questions and passing new laws, such as the Elisa Law in New York state, which provide more options for the release of specific information about cases resulting in children's deaths. And the media have new and better ways of getting information about cases and parents, such as investigative teams that can be deployed quickly to interview police, parents, teachers, neighbors, relatives and others. Computer-assisted reporting offers journalists a bounty of information right at their desks. Reporters and editors understand that these are the kinds of investigations that often win journalism prizes, such as the Pulitzer prize awarded to Gannett News Service a few years ago for disclosing that some children's deaths that had been attributed to Sudden Infant Death Syndrome, or SIDS, were in reality caused by abuse and neglect.

Too few child welfare agencies staff their communications and public affairs offices with professionals whose job it is to cultivate relationships with reporters. Campaigns tend to be limited to those aimed at recruiting foster and adoptive parents. Instead, local media and pro bono advertising firms could be involved in preventing abuse and neglect through public service campaigns, editorial endorsements, and a commitment to civic journalism. Agencies must make crisis management plans to employ during and after a tragedy occurs, and pro-active plans to promote year-round media attention to prevention, family preservation and reunification, foster care, and adoption programs.

Third, those working with families must help them to understand how to respond to questions from reporters, especially now that media coverage is expanding. Families need to be told that they do not have to participate in interviews, and that if do they agree, they still have rights, which include the right to stop the interview at any time if they are uncomfortable. Advocates and agency staff alike have an obligation to ensure that children and families are not exploited in the process of finding a good story. Reporters, editors, and photographers should be challenged if their behavior is inappropriate or intrusive. Families' participation in interviews does put them at risk: children may be teased by classmates, and parents might be confronted by co-workers and neighbors. The flip side is that positive coverage can help build public support, speed reform, and get the attention of policymakers and elected officials.

Positive Change in Media Coverage

Fourth, the media themselves are instituting changes in the way they cover families, children, child welfare agencies, and other local issues. At the top of the public's list of concerns are promoting safety and stopping violence in schools, in neighborhoods, in homes, and on the streets. When child protective services are framed as programs that promote safety and prevent violence, the public and the media will listen and be supportive. However, if spokespeople talk about "risk assessment" and use social work jargon, the public and the press will tune out and look elsewhere for story ideas.

Better and more regular coverage of positive reforms will require advocates for children and families, heads of child welfare agencies, and news editors to create changes in their institutions.

Most of cities' local media can be divided into two camps: those who are selling violence ("if it bleeds, it leads") and those who are building audiences by promoting solutions and things viewers can do to help ("news you can use"). ABC World News Tonight, for example, has a daily series called "Solutions," and the network heavily promotes its philosophy in advertisements featuring Peter Jennings.

One way to follow media trends in children's issues is to read *The Children's Beat*, a newsletter published by the Casey Journalism Center for Children and Families at the College of Journalism at the University of Maryland (available on the internet at www.casey.umd.edu). In June 1997, it featured thorough proceedings of a child welfare discussion sponsored by the College's Fellows program.

Another good source is an article in the November/December 1996 issue of *Columbia Journalism Review*: "The Lives We Would Like to Set Right: Why Journalistic Outrage Is Not the Best Approach to the Child Welfare Story." Author Michael Shapiro says the media are missing the most important child welfare stories by focusing solely on child fatalities:

"To cover child welfare properly is to set aside your instinct as a journalist, the urge to find an overarching answer … and to accept a more realistic goal—that of raising a series of increasingly difficult questions. Such questions might better illuminate why for so long the state has had such a maddening time dealing with its failing families ... [and] move public debate closer to the messy and individual realities of these families."

The good news is that media institutions themselves are challenging reporters to do a better and more in-depth job covering the half-million children who are waiting in the system. As "welfare-to-work" stories continue to command front-page coverage, so too will stories of children and their families in need of help and services. But public agencies will need to "earn" positive coverage, not just wait for it to happen.

Media coverage of child welfare is likely to continue to expand, and public perceptions will follow. Agency directors need not only to possess top management skills, training in social work and child development, and political savvy, but also to deal effectively with the media and the public in order to survive professionally and make systemic changes. The media, in order to maintain their audience shares and readerships, must seek those stories that have meaning in people's lives. Children's services promise great stories about successes and challenges, and people need to hear them.

Kathy Bonk is Executive Director of Communications Consortium Media Center, a nonprofit organization that specializes in developing communications strategies for policy change and reform. CCMC is located at 1200 New York NW Ave., Washington, DC 20005, 202/326-8700 (phone), 202/682-2154 (fax).

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Race and Child Welfare Services: Myths, Realities, and Next Steps

by Mark E. Courtney, Richard P. Barth, Jill Duerr Berrick, Devon Brooks, Barbara Needell, and Linda Park

The subject of race looms large in discussions of child welfare services.[1] Any thorough assessment of recent trends in child welfare populations (e.g., abused and neglected children, children in family foster care, children awaiting adoption) must note the disproportionately large number of children of color. For example, a recent analysis of prevalence rates in five states with large out-of-home care populations (California, Illinois, Michigan, New York, and Texas) found that the proportion of African American children ranged from three times as high to over ten times as high as the proportion of Caucasian children in care. Similarly, in California and New York, the point-in-time estimate of African American children in out-of-home care in 1990 exceeded four percent of all African American children.[2]

Government policy, such as the Indian Child Welfare Act of 1978 (P.L. 95-608), reflects the struggle over how best to provide culturally sensitive protective services to families and children. The variety of state and local policies concerning transracial family foster care placement and adoption and the ongoing debate over these policies are further evidence of deep conflict over how much, and in what ways, race should be allowed to influence the functioning of the child welfare system.

We reviewed the research on child welfare outcomes to gain a better understanding of the role that race plays in the provision of child welfare services and in outcomes. Most assessments of the relative "fairness" of the child welfare services system are ultimately based on the end result of the system for clients. Although even a cursory review of the child welfare literature leads to the conclusion that there is much more knowledge of outcomes than of the processes that lead to the outcomes, differences in service provision associated with race bear consideration.

The Big Picture—and Some Surprising Findings

The overall picture that emerges [from a review of the literature] is that families and children of color experience poorer outcomes and are provided fewer services than Caucasian families and children. For most forms of child maltreatment, families of color are more likely to be the subject of a child maltreatment report than Caucasian families, and may be more likely to have a report substantiated than Caucasians. The limited information on the effectiveness of current family preservation services suggests that these services may be of limited use to most families of color who come into contact with the child welfare system. Once in the system, families and children of color receive fewer child welfare services than their Caucasian counterparts.

Some ethnic and racial groups are disproportionately represented in out-of-home care compared to their representation in the overall population; they appear to spend longer time in care, and they are more likely to recidivate when they return home from care than Caucasians. Finally, children of color, particularly African American children, are less likely to be adopted than Caucasian children and there is some evidence that families of color have a more difficult time having their adoptions legalized than Caucasian families.

This picture must be framed, however, with the knowledge that the relationship among race, ethnicity, and child welfare services and outcomes is complex. Though the weight of evidence supports the conclusions reached here, in nearly every area we reviewed there was at least one study showing little or no effect of race or ethnicity. In most cases, to the extent that a study allowed for distinctions among groups, the various ethnic or racial groups of color experienced different outcomes relative to Caucasians. In particular, differences were most often greatest between African Americans and Caucasians. Thus, it is generally misleading to focus on differences between Caucasian children and all other children, since the observed differences often do not apply to all ethnic and racial groups.

Perhaps the most important finding of this review is that many of the observed differences in child welfare outcomes by race or ethnicity reflect differences in the economic and social well-being of children and families. Few of the studies we reviewed attempted to account for such variation, and many of those that did showed a reduced or nonexistent effect of race or ethnicity when social class was factored into the equation.

Young Soldiers of Righteousness provides constructive activities for youths who have been involved in drug dealing, gangs, or other activities that have caused them to be labeled "bad kids." Technical and financial support were provided to the program through the federal Family Preservation and Support Services Program and were disseminated by Resources for Families and Communities (see story, page 15).

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Issues for Future Research, Policy, and Program Development

It is clear that race and ethnicity should be better acknowledged in future child welfare research. We encountered many studies in which these factors were not even mentioned, although the sample size and location of the study would have lent themselves to such analysis. The failure or unwillingness to at least acknowledge the relationships among race, child welfare services, and child welfare outcomes may only serve to invite uninformed speculation about the reasons for these relationships. Whenever possible, child welfare researchers should include race as an explanatory factor in research designs and consider their theoretical justification for doing so (i.e., why does the researcher think that race might play a role?).

Researchers, policymakers, and practitioners also should give more attention to the nexus of race, gender, and social class as a factor in the functioning of child welfare services. Several studies indicate that the relationship between race and child welfare cannot be separated from the relationship between economic deprivation and child welfare. In addition, the relationships between race and single motherhood on the one hand, and single motherhood and poverty on the other hand, further complicate attempts to understand the role of race in child welfare services and outcomes. In short, it is dangerous to consider the impact of one of these factors without accounting for the others.

One result of the observation that race, class, and gender are not independent is the tendency to excuse the child welfare system for perceived inequities in child welfare outcomes. This position holds that, for instance, since African American children are more likely to come from impoverished, single-parent families than Caucasian children, they will be overrepresented in the system even if child welfare services are provided in a completely equitable manner. After all, poverty and single-parenthood have been associated with higher rates of child maltreatment, and neglect in particular.[3] From this perspective, lowering the disproportionately high number of African American children in out-of-home care (by alleviating poverty and either reducing the number of single-parent families or providing them with needed supports, for example) is considered to be beyond the responsibility of the child welfare services system. This is to say nothing, of course, of the impact of societal discrimination in general on the ability of parents of color to rear their children. From this point of view, the system is simply playing the best hand it can, given a deck that is stacked against certain clients.

This point of view has the inherent danger of making child welfare practitioners collaborators in a process that can have enormous negative consequences for certain racial or ethnic groups in our society. For example, does the extent to which some racial or ethnic groups in our society suffer disproportionately from family breakdown and poverty really justify the fact that they are thereby more likely to have their children taken away from them? Do child welfare researchers, policymakers, and practitioners believe that it is ethically acceptable to be involved in "improving" the efficacy of a system that takes these children without simultaneously being involved in remedying the problems that bring children into the system? Conversely, if child welfare practitioners do believe that the helping capacity of the current child welfare system is severely limited by this social context, in what ways might it influence their practice?

Our review of the literature suggests that families and children of color often receive fewer and inferior services compared to those provided for Caucasian children and families who have similar needs.

The reality that the performance of child welfare services cannot be assessed independently of the larger societal context complicates the evaluation of *equity* in service provision and outcomes. Some have argued[4] that the child welfare system will be doing justice to children and families of color only when services and outcome are equal among races. As illustrated above, however, outcomes of child welfare services may partly be a function of any number of factors completely out of the control or influence of the child welfare services system. Thus, it is one thing to say that collectively our social institutions have failed children of color and their families and that one result is an inequitable representation of children of color in the child welfare system. It is quite another to state that any inequity of outcomes within the system is prima facie evidence of a failure of the system itself.

For example, for many outcomes of the child welfare system we have identified inequities that disfavor African American children. At first, it is tempting to call this a pattern of discrimination. We must refrain from doing so, however, because evidence about the needs of the children and families prior to service receipt cannot be used to argue that these less favorable outcomes result from worse child welfare services for African American children than Caucasians rather than from worse initial circumstances of African American families. Simply stated, we cannot determine the fairness of the outcome without knowing the amount of need at the outset.

What about the equity in service provision? Should the same services be offered to all families regardless of race or ethnicity? Are existing inequities in service provision proof of a failure of the system to appropriately serve families and children of color? We believe that services do not have to be the same among varying groups of families and children, because these variations—including race and ethnicity—often call for differing types and amounts of services. Indeed, calls for cultural competence in the human services emphasize the fact that one size seldom fits all. Nevertheless, our review of the literature is troubling, since it suggests that families and children of color often receive fewer and inferior services compared to those provided for Caucasian children and families who have similar needs. We can think of no justification for this relative lack of services to these populations. Inequitable outcomes, though of proper concern to child welfare practitioners, may be perceived as beyond their control; unjustifiable inequities in service provision are not.

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Next Steps in Research

One of the most important, yet least developed, arenas of child welfare research concerns the evaluation of the role of race and ethnicity in the efficacy of services. If one size does not fit all, then which sizes fit whom? In many, if not most, child welfare jurisdictions in this country, services continue to be provided primarily by Caucasian social workers to a clientele largely made up of persons of color.

A common belief holds that outcomes in all aspects of child welfare would improve if only there were more child welfare practitioners of color. Similarly, a variety of service models exist that claim to be superior to "traditional" services on the basis of cultural appropriateness. Both of these assumptions appear to make sense, but virtually no evaluation has been conducted to produce empirical evidence that supports them. It is our impression that efforts to date to implement same-race service provision and cultural competence, while still relatively few, have outstripped the evaluation of such services. Since we know little about their effects, relying on increasing these characteristics within the child welfare system as a basis for child welfare reform may not lead to substantial improvements in services to children of color. (Increasing the number of practitioners of color will, of course, distribute more resources to minority communities of color and may over time help equalize child welfare service needs and outcomes.)

To improve child welfare outcomes, service models that claim greater efficacy with persons of color should be implemented and evaluated. Randomized assignment of subjects is often forsworn when such service programs are implemented because it would result in some clients losing the opportunity to take advantage of the services. Nevertheless, given the multiplicity of possible approaches to meeting the service needs of these populations, real differences in program outcomes should be assessed using rigorous evaluation designs. Only then will it be possible to distinguish what works for which populations.

Race will remain a central issue in debates over the faults and failures of the child welfare system for the foreseeable future. As long as children of color remain more likely than Caucasian children to grow up in situations that put them at increased risk of child abuse and neglect, they will continue to be overrepresented among "clients" of the system and among the clients with less desirable outcomes. Given this situation, it is the responsibility of everyone involved with the child welfare system to draw attention to the larger societal forces that contribute to pushing these children out of their homes. At the same time, the players in the child welfare system must seek to improve, through program development and evaluation, the utility of the services they provide to families and children of color.

Mark E. Courtney, Ph. D., is Assistant Professor, School of Social Work, and Affiliate, Institute for Research on Poverty, University of Wisconsin, Madison. Richard P. Barth, Ph.D., is Hutto Patterson Professor of Social Welfare, School of Social Welfare, University of California, Berkeley. Jill Duerr Berrick, Ph.D., is Director, Child Welfare Research Center, School of Social Welfare, University of California, Berkeley. Devon Brooks, M.S.W., and Barbara Needell, M.S.W., are doctoral students, School of Social Welfare, University of California, Berkeley. Linda Park, M.S.W., is a doctoral student, School of Social Work, University of Wisconsin, Madison.

As long as children of color remain more likely than Caucasian children to grow up in situations that put them at increased risk of child abuse and neglect, they will continue to be over-represented in the system and among the clients with less desirable outcomes.

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Latino Families and Child Welfare

by Robert M. Ortega and Ernest V. Nuñez

Recent statistics and trends indicate an urgent need to closely examine the status of Latino children with regard to the child welfare system: The U.S. Census shows that the number of Latino children in the U.S. has increased dramatically. A large and growing number of Latino children live in poverty. Nationally, the number of substantiated cases of child maltreatment among Latinos has increased.[1] And there is evidence that the annual percentage of Latino children entering out-of-home care is rising.[2]

The report *Latinos and Child Welfare / Latinos y el Bienestar del Niño: Voces de la Comunidad* describes serious barriers to understanding and addressing the child welfare–related needs of Latino children and adolescents, and makes recommendations for policy and practice.[3] The study surveyed 38 service providers who were knowledgeable about Latino children and their child welfare experiences. Their responses raise serious concern about how safe and secure Latino children really are today. They describe barriers to reporting and receiving services, fears that arise when the child welfare agency must be contacted, lack of available and accessible services, and lack of services to accommodate language and cultural differences. Creating a system that addresses these concerns requires improving methods of gathering statistics and seeking accountability, ensuring that child welfare services are relevant to Latino families, and removing systemic obstacles to meeting the child welfare–related needs of Latino families.

In 1993, a total of 87,161 Latino children were victims of child maltreatment, accounting for 9.4 percent of the national child maltreatment population and roughly 18 percent of children in out-of-home care. Latino children wait longer for permanency placement while in out-of-home care and are less likely to experience permanency placement when compared to Caucasian children.

When considering these statistics, however, it is important to remember the shortcomings of current methods of collecting data. For example, data show that most of the reports of Latino children entering the child welfare system occurred in California and Texas, but that conclusion must be viewed in light of states' different definitions of abuse and neglect, the errors and lags in reporting information, poor quality assurance in record keeping, and state-to-state variation in the types of information reported.

Historically, state and national child welfare reports have not provided statistics on Latino children as such, and have included them in the Caucasian, African American / Black, or "other" category—along with children of Native American, Asian, bi-racial and unknown ancestry. Of reports that do differentiate Latinos from other racial/ethnic groups, the vast majority fail to differentiate Latinos based on ancestry (e.g., Mexican, Puerto Rican, Cuban, Dominican, Central and South American), language, geographic region, economic and immigrant status, generation, and other important socio-demographic differences. This lack of information poses a serious challenge to the child welfare system's ability to accurately count and account for Latino children in their care. Only accurate data will clarify how effective child welfare services are in meeting the unique needs of Latino families.

Making Services Relevant to Latino Families

Latino families experience stress due to acculturation; poverty; exposure to violence, drugs, disease, and environmental hazards; and mobility. Many Latino families experience segregation, social marginalization, discrimination, and oppression—all of which are manifested in mental health breakdown, alcohol and substance abuse, and social withdrawal. Also, language and cultural differences often prevent them from accessing resources and services. Currently there is no indication that child welfare services as a whole recognize these unique aspects of Latino family life.

When in need, Latinos rely heavily upon extended family (which includes fictive kin). In many cases, Latino children come to the attention of child welfare officials only when the support of the extended family has been exhausted or is unavailable due to immigration and migration; often by this time the family's situation has become severe and family support and even preservation are difficult.

Latinos vary greatly in their use of child welfare services. Since the enactment of the federal Adoption Assistance and Child Welfare Act of 1980 (PL96-272), child welfare services have enlarged considerably to include family preservation, kinship and non-kin foster care, family foster care, reunification, adoption and other permanent living arrangements, childcare and school care programs, and parent education programs. The most common type of out-of-home placement noted by service providers in the *Latinos and Child Welfare* study was kinship care. While kinship care is consistent with Latinos' reliance on extended family, conflicts arising from lifestyle differences, peer associations, and developmental demands can arise even when the child or youth is placed with supportive kin. When such conflicts are present, a lack of supportive services and resources can mean that kinship care is no more successful than other types of out-of-home care. Likewise, negative outcomes such as termination of parental rights could be prevented if appropriate support services were available and accessible to assist in reunification.

The System: Latino Parents Speak

Systemic issues often serve as obstacles to meeting the child welfare needs of Latino families. Community outreach, bilingual and bicultural service providers, and prevention programs designed specifically for Latino families were identified by practitioners in the *Latinos and Child Welfare* study as essential for effective service delivery.

Parents involved in focus groups for the study called for concentrating on the needs of the whole child as opposed to treating "child welfare" needs separately. They were concerned about their children's exposure to violence, drugs, and criminal activity in their neighborhood and schools. There was consensus that community was all but lost in their lives. Participants expressed a strong desire for services and programs that would support poor and working families, promote community development, and eliminate negative influences that threaten their well-being and the healthy development of their children.

The approach of child welfare, rather than "family welfare," has led to individual-based policies and practices that threaten Latino familistic values and place a wedge between social institutions and Latino family needs. Strengthening and preserving Latino families requires validating language and cultural differences as well as forming a partnership in protecting and caring for Latino children. Grassroots Latino organizations, which are made up of knowledgeable and concerned indigenous individuals, have been underutilized in policy, practice, and research decisions.[4] Their absence from the decision-making table represents another gap in understanding Latino child welfare needs and in promoting effective change.

Important lessons can be learned from the Latino parents and practitioners who took part in the Latinos and Child Welfare study and from other parents and practitioners; this information should be allowed to shape policy, programs, and procedures so that the child welfare system begins to address Latino families' unique needs.

Robert M. Ortega is Assistant Professor, University of Michigan School of Social Work, 4062-D Frieze Building, Ann Arbor, MI 48109-1285, 313/763-6576 (phone), 313/763-1961 (fax), rmortega@umich.edu (e-mail). Ernest V. Nuñez is Director of the Multicultural Service Center, 6733 S. Sepulveda Blvd., Los Angeles, CA 90045, 310/410-9301 (phone), 310/410-2379 (fax).

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11 BEST COPY AVAILABLE

Interview

Culture Is Key to Building Trust with Families

Many parents in our communities are aware of only one method of disciplining and controlling their children," says Tuan Tran of San Jose, California. "If we tell them straight out, 'You can't hit your child,' we will alienate them." Tran works to prevent child abuse and neglect among Cambodian, Chinese, Filipino, Korean, and Vietnamese families at the Asian Pacific Family Resource Center. The center is one of four in a county-wide effort to prevent child abuse and neglect and support families by providing culturally sensitive services and addressing community needs. The other centers work with Spanish-speaking and African American communities.

A parent-child class in flower-arranging helps Vietnamese families preserve their culture while enhancing parent-child communication.

To help parents find alternatives to physical discipline, staff at the Asian Pacific Family Resource Center begin by building trust. "Many of these parents were raised in countries where it was accepted for children to receive the kind of physical punishment that is considered abuse in the U.S.," says Tran. "So our first task ... is to show that we understand that their method of discipline is common practice [in their countries of origin], and that that is how they were raised."

This trust-building process starts when parents are paired with counselors of their culture who speak their language. Counselors emphasize that physical punishment is just one way to discipline children; they engage parents in discussing the importance of providing a nurturing environment, and challenge them to find new ways of relating to and disciplining their children.

The experiences of immigrating and adapting to a different culture introduce special challenges in parent-child relationships. Tran says that many parents feel that their children "disobey them because they have been prohibited from punishing them" by American norms and laws, while "the children ... complain that their parents don't understand them. They have become accustomed to mainstream American society, and it creates a cultural conflict within the family."

Culturally specific classes for children on topics such as Cambodian dance and language help bridge the communication gap and strengthen parent-child relationships, as well as providing youths with cultural pride, increasing their self-esteem, and strengthening their identities. The classes also help parents feel more comfortable about participating in services: "Parents believe that it is very important for their children to learn the traditional language and culture of their origins. So we offer courses, and the parents see that we understand their culture. Then when we begin challenging them to find new ways of relating to their children, they are willing to listen."

One activity that is popular among Vietnamese families is the parent-child class in flower arranging. For the first half-hour of the weekly class, parents and their children meet as a group to discuss listening and communication skills and the importance of celebrating their relationships. For many, this is the most important part of the class, and the discussion can become intense. The last hour of the class is a lesson in flower arranging, which gives parents and children an opportunity to share, cooperate, and practice their new communication skills as they create a floral centerpiece.

The center is known throughout the county for its Gambler's Anonymous group, developed to address the prevalence of gambling among the local Asian (in particular, Vietnamese) population. The center worked with Gambler's Anonymous International in San Francisco to develop the first Vietnamese language chapter in the world, and center staff translated the Gambler's Anonymous materials into Vietnamese. The center has now started a Gambler's Anonymous group in Korean.

The Santa Clara County Department of Family and Children's Services also oversees the Nuestra Casa Family Resource Center, the Ujirani Family Resource Center, and the Gilroy Family Resource Center, which use similar approaches to work with the Spanish-speaking and the African American communities. By addressing community issues, celebrating cultural traditions, and providing services in native languages when appropriate, these centers are part of a county-wide effort to effectively respond to child abuse and neglect while supporting families and meeting communities' diverse needs.

The Asian Pacific Family Resource Center can be reached at: County of Santa Clara DFCS, 625-F Wool Creek Drive, San Jose, CA 95112-2622, 408/299-8900 (phone), 408/298-2482 (fax).

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Putting Federal Dollars to Work for Family Preservation and Support

by Marc Mannes

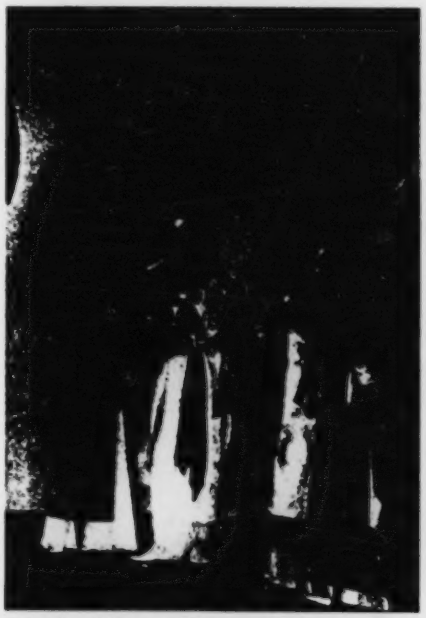
The passage of the Omnibus Budget Reconciliation Act of 1993 created the federal Family Preservation and Support Services Program (FPSSP)—the most significant piece of child welfare legislation to be passed in over a decade. The FPSSP became the legislative vehicle to counter disproportionate federal spending on keeping children in foster care; it represents a modest national investment in prevention services for children and families who are at risk of entering or have entered the public child welfare system. Implementation of the FPSSP by the U.S. Children's Bureau has been based on an appreciation and understanding of the considerable family-centered work that had already taken place in states and communities throughout the nation.

The FPSSP arrived as a great deal of family support advocacy and activity was transpiring on the grassroots level within and across racial, ethnic, and class lines. Community development, which addresses issues of social justice and economic revitalization that are essential to improving family life, was occurring in disadvantaged neighborhoods. Drawn together by their shared interest in the well-being of their families, individuals from different socioeconomic strata formed and maintained a proliferation of self-help groups. Parent groups and associations interested in strengthening child rearing gradually formed and collectively became the parent education movement. The knowledge accrued by family-serving professionals together with research findings in early childhood education, child development, and childcare made the case for public policies that were supportive of families. Family resource centers were operating in diverse communities and helping families cope with the challenges of day-to-day living and learn specific skills. At the same time, many state and local child welfare agencies had initiated family-centered policies, programs, and practices primarily to avert out-of-home placements and also to reunify families and avoid disruptive adoptions.

Through the FPSSP, the Children's Bureau urged states to build upon these efforts and others. To receive the FPSSP funds, states were to:

1. Conduct an inclusive planning process–inclusive of parents, agency staff, private service providers, government staff, and community leaders—that would lead to stronger, expanded partnerships on behalf of children and families

2. Consolidate efforts and construct comprehensive systems for delivering services



A family celebration of Vietnamese heritage was organized by various organizations in Santa Clara County, California to enhance a sense of community and cross-cultural sharing. Technical and financial support were provided through the federal Family Preservation and Support Services Program and disseminated by Resources for Families and Communities (see story, page 11).

3. Identify and work toward achieving outcomes in the areas of safety, permanence, and well-being

4. Evaluate their progress and accomplishments

While FPSSP funds are stimulating an array of innovative approaches and expand existing programs, a number of challenges must be addressed if all of the professional and lay communities committed to family-centered services are to make the most of the federal revenue and if children and families are to reap the benefits.

First and foremost, there must be improved communication and more shared understandings, mutual agreements, and joint actions among the various groups and organizations developing and administering family-centered services—especially between government-based child welfare agencies and the newer family support organizations and emerging family support networks. Second, as family support services increasingly become part of institutions and as more government agencies provide services to prevent out-of-home placement and to reunify families, accountability for services must be ensured. Third, state and county agencies and the old and new members of their family-serving networks must continue to ameliorate the harm that may result from Temporary Assistance to Needy Families (part of the current federal welfare reform legislation) and from managed care to ensure that family-centered services remain a vital part of the continuum of services for children and families. Fourth, collaboration, in all of its complexity, must be orchestrated carefully, and the various state and local reform initiatives must be integrated so that the human services system is not waylaid or paralyzed by overlapping, contradictory, and redundant processes of change.

The following articles on projects in Iowa, California, and Connecticut, and among American Indian tribes, tell just a few of the success stories generated by work that broad state and local coalitions are doing as part of their implementation of the Family Preservation and Support Services Program. The progress of these and other collaborations will be accomplished by working hard, working smart, and working together to address the challenges ahead.

Marc Mannes, Ph.D., is Executive Director of the National Resource Center for Family Centered Practice, University of Iowa School of Social Work, 112 North Hall, Iowa City, IA 52242-1223, 319/335-2200 (phone), 319/335-2204 (fax), marc-mannes@uiowa.edu (e-mail).

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Putting Federal Dollars to Work . . .
In Santa Clara County, California

California counties have been charged with finding innovative ways to apply dollars made available through the federal Family Preservation and Family Support Program in 1993. In Santa Clara County, administrators with the California Department of Family and Children's Services (DFCS) and the county's Social Services Agency (SSA) saw the funding as an opportunity to forge a partnership between social service agencies and the private sector.

DFCS and SSA brought together representatives of community-based nonprofit organizations, government agencies, businesses, family-serving professionals, and other citizens to form a steering committee, and charged the committee with drafting a five-year plan for how to use the funds to improve services for children and families. Their plan, "Healthy Communities, Healthy Families," has brought agency personnel, community members, and former clients into the planning process by creating subcommittees on specific issues that they can join.

The plan also created a nonprofit organization, Resources for Families and Communities (RFC), that disseminates the grants to community-based groups in a way that ensures that the grants meet community needs. Instead of soliciting proposals from traditional community-based organizations, RFC staff go to communities and encourage groups of neighborhood residents to think together about their communities' needs and what it would take to meet those needs, and then draft and submit proposals.

"I have always believed that communities can figure out their needs without having an outsider come into the neighborhood," explains Jesus Orosco, Director of RFC. "We have found that there is an unmatched force that people have when you allow them a process where they identify their own needs and potential solutions. If you provide them with the funding and the technical assistance they need to do the work, you'll find that they work seven days a week." Nearly 90 percent of the groups that RFC funded in the first funding cycle met or exceeded expectations outlined in the grant.

Resources for Families and Communities

The original staff of Resources for Families and Children, a county-wide mechanism for applying funds from the federal Family Preservation and Support Services Program, are (l-r) Tao Nguyen, Beatrice Naranjo, Delia Gomez, Monica Pin, Jesus Orosco. Later additions (not pictured) are Yvette Byrd, Miguel Guerra-Ressy, and Maria Martinez.

Providing the Resources That Communities Need

RFC provides community groups with the resources they need, including opening its office so that groups can use the computers, telephones, copier, and other machines. Staff also provide training and technical assistance as needed. But perhaps more importantly, RFC puts groups in touch with each other and encourages them to mentor each another.

"We might have a group that has produced a great brochure or flyer and now they want to know how to apply for their 501(c)(3)," says Orosco. "Another group has gone through the application process, but needs help producing a flyer. We'll connect these groups so that they can learn from one another." Community groups come to rely on each other rather than on the agency, and begin to recognize the resources they already have.

RFC reminds communities that resources aren't always monetary. In one of the poorest neighborhoods of San Jose, where 40 percent of Latino youth drop out of high school and only three percent of those who graduate go on to college, recent college graduates organized a series of theatrical and musical performances and seminars on themes of education, gangs, and family violence. Junior high and high school students wrote and acted in the plays, and parents and grandparents made the costumes and sets. The series ended in a celebration at a church auditorium attended by more than 300 people from the neighborhood. "This project brought families together and built generational ties," says Orosco. And many of the students who were involved began talking about wanting to go to college."

The theater project accomplished two of RFC's major goals: building a sense of community and highlighting the strengths of the neighborhood. Another RFC-funded program promises to do the same: RFC will lend computers to families who would not ordinarily have access to a computer. When a family returns the computer, they will be asked to help mentor and train the next family who borrows it. "It could be that a computer makes its way down the street, passing

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Programs Funded by FPSSP Dollars through Resources for Families and Communities

In 1997, Resources for Families and Communities provided the following organizations with federal FPSSP dollars as well as technical support and help connecting to others in their communities:

Alviso Senior Association
American Indian Alliance
Bosnia Herzegovinan Society
Cambodian American Professional Association
Cambodian Parenting Association
Christopher School Home and School Club
Comite Hispano
Community Circle of Caring
Crest Avenue Council
Day Worker Job Center
ELD Parents and Students
El Teatro de Los Pobres
East Side Dorsa Community
East Side Team of Young Mothers
Familias Unidas de St. James
Families in Theater
Family Self Sufficiency
Family Unification Project
Fast Families
Fastworks
Friends of Chinese Youth
General Association of Thu-Doc & Nam-Dinh
IMAGES
Indian Education Parent Committee
Mt. Pleasant Neighborhood Association
Multicultural Youth Outreach Project
Murray Avenue & Hope Community
New Horizon of Angkor
Nia
Padres Club—Washington
Padres Latinos Unidos
Parent Advisory Council
Parenting Grandchildren
PEACE (People Engaged in Active Collaboration to End Violence)
Plaza Maria Residence Council
Por Amor al Hogar
Samahang Pilipino ng
Samoa Civic Association
Samoan Mo Taeao
Santee Community Group
Springdale/Forest
Suiufaiga O Samoa Coalition
Teatro Corazon Outreach
Vietnamese-American Youth for the Future
Vietnamese Eucharistic Youth Society
Vietnamese Senior Immigrants
The Willows Youth Group
Women's Empowerment Group

from neighbor to neighbor until the residents in every house have learned how to use it," says Orosco. Often, as residents help each other, they expand their sense of community to include other neighborhoods.

Innovation in the System

Orosco meets with the steering committee that created the five-year plan behind RFC twice a year. The committee has created new partnerships among DFCS, SSA, and private agencies that have improved services for families and children. DFCS and SSA staff have gained a better understanding of families throughout the county, and have more information about and connections with other agencies and organizations, making them better able to make referrals and reduce duplicative services.

The process of developing the five-year plan revealed some gaps in service delivery, which spurred agencies to add new components and modify current services, often without additional funding, to make the social services system easier to navigate and more effective in meeting the needs of families.

Support for an Old Idea: Neighbors Helping Neighbors

RFC also helps community groups meet their needs more efficiently by coordinating their efforts with other groups. "Many community groups don't know there's another group just three blocks down," says Orosco. "We try to get them talking to each other, and maybe combine their efforts and expand the scope of what they're doing."

Seeing neighbors helping neighbors is the most rewarding part of Orosco's job. "I watched a Mexican immigrant try to explain the citizenship process to a recent émigré from Bosnia Herzegovina. Neither one spoke English very well, but there was so much care and attention and compassion between the two. I could feel it watching from three feet away. That's what makes this whole thing worthwhile."

Santa Clara County's use of the federal Family Preservation and Family Support Program dollars illustrates one of the central ideas of family support: that the tradition of residents supporting and mentoring each other is as old as community itself. Orosco agrees: "It's not brain surgery. It's just the recognition that in our community there's plenty of talent and heart to do the work—all they need from us are the financial and technical resources."

The committee has created new partnerships between DFCS and private agencies that have improved services for families and children.

Resources for Families and Communities is at: 2114 Senter Road, San Jose, CA 95111, 408/277-0732 (phone), 408/277-0291 (fax), jesus_orosco@ortale.org (e-mail)

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Putting Federal Dollars to Work . . .
In Connecticut

In Connecticut, parents are getting more involved in planning family support services by helping to plan and implement activities funded by the federal Family Preservation and Support Services Program. To make services more responsive to the real needs of families, the state called parents to the planning table with other stakeholders—staff of social service agencies, municipal offices, and state staff—to write Connecticut's Child and Family Services Plan. Each of the state's five regions then developed its own implementation plan based on the state's plan, received federal dollars to implement it, and hired a project coordinator to coordinate the continued input of a variety of stakeholders.

"We developed priorities based on what the community told us," says Linda Kosko, Project Coordinator for the southwest region. Parents have gotten involved in all aspects of planning by sitting on subcommittees and review committees; they give recommendations and make decisions on how the funding is spent. The region's stated mission is to create a partnership with parents. "Right now the group has about 30 active members, of which six are parents. We need to increase the number of parents and consumers until they are partners, when they represent half of the group."

Children take part in on-site, supervised activities while their parents attend leadership training.

The region's families are diverse—more than 65 languages are spoken in Bridgeport alone. Stamford's 11,000 Haitians make up a large minority. "Because of this diversity, our regional group is committed to supporting services that are provided in a culturally sensitive manner," says Kosko. Including parents and consumers in planning and delivering services helps create that sensitivity—as does requiring that the leadership of family-serving agencies reflect the diversity of their communities. Both are priorities in the region.

Collaboration Sparks New Ideas

The group's focus on collaboration and coordination among providers, consumers, and communities has led to innovative projects. "We looked at the federal money as an opportunity to advocate for new ways of providing services so we could learn something," says Kosko. The region is using some funds in a rare opportunity to experiment—to test service models to determine what works and should be replicated. But they also are paying attention to ways of serving families that have been successful in other communities and implementing them in their own communities.

Cultural differences are viewed as positive, and the programs funded build on strengths and provide services as needed. For example, Project Enhance provides training in translation and interpretation to bicultural youth, and gives them experience applying that training. The project is run by International Institute, Inc., a nonprofit that has served new Americans since 1918.

Another new service that the region is providing with the federal funding is spreading needed information to the public. The region has developed two "parent-friendly" videos and is distributing them to agencies and parent groups. The first video, developed in collaboration with the Connecticut Department of Social Services and the Fairfield University Media Center, provides information about changes in Medicaid and managed care that result from welfare reform. The videotape, shot in a forum setting, makes the information more accessible to parents, who otherwise would have to navigate one or more large social service agencies to have their questions answered. In the second video, a panel including a parent advocate and a consumer provides basic information on special education.

According to Kosko, the Family Preservation and Support Services Program has enabled the region to be more responsive to families' needs. But the federal legislation did not invent the idea of consumer involvement; rather, it is brings "more attention and support to the importance of parent/consumer involvement and collaboration," says Kosko. "These elements have been valued in the southwest region for a long time." The federal Family Preservation and Support Services Program also is aiding work to bring about more integrated services, reducing duplication and increasing both interagency and parent-provider collaboration.

Lisa Kosko can be reached at the Department of Children and Families, 3885 Main St., Bridgeport, CT 06606, 203/365-6386 (phone), 203/374-2663 (fax).

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Putting Federal Dollars to Work . . .
In Tribal Communities

The federal Family Preservation and Support Services Program came with a provision of special interest to Native American tribal communities: a set-aside that in fiscal year 1996 amounted to more than two million dollars for programs that bring family support approaches into the child welfare systems serving their families. These took the form of grants ranging from $10,000 to more than $500,000. The eligibility of tribes to apply for funds is based on population counts.

Tribal communities have used the grants in inventive ways to develop and expand their current child welfare systems to include preventive and supportive services for children and families. Some of these are described below.

Whole Family Foster Care

Whole family placement is an innovation in foster care practiced by Human Services Associates (HSA) in Saint Paul, Minnesota. In this model, rather than being separated from one another, both parents and children go to live with a foster family. Whole family placement works especially well when parents are early in the process of recovering from drug and alcohol abuse and may be vulnerable to relapse. In many cases, separating a parent and child can be counterproductive to the parent's recovery; the child's presence, in a safe family environment that protects the child, can give the parent the motivation he or she needs to work toward recovery.

The foster care provider shares in the parenting tasks by modeling parental nurturing and discipline. He or she helps the birth parent in developing his or her parenting skills and work toward eventually taking full parental responsibilities and roles. Foster care providers mentor birth parents by offering nonjudgmental feedback, acting as extended family to the children, setting clear household rules, helping the family obtain resources such as housing, and reconnecting family members with their Native American cultural identity and sense of community. One White Earth Chippewa foster care provider uses an image of the "Sacred Tree" planted by the creator as a way to motivate families; parents' search for the tree is a metaphor for their recovery from chemical dependency and development of their parenting skills.

The family in placement is supported not only by the foster care providers, but by a child protection worker, an HSA worker, and in some cases an advocate from the community and/or a guardian *ad litem* for the children. Both families attend monthly support group meetings. Foster care providers are paid a daily stipend and receive additional money for training. They earn monthly respite benefits and have access 24 hours a day to their HSA social workers.

Between 1992 and 1994, 46 families in Minnesota (eight were Native American) participated in whole family foster care through HSA. Twenty-three of the 46 families ended their involvement with child protective services by the end of 1995. Eight parents left their children in foster care; five of these children were adopted. Fifteen families continued placement into 1995.

Children and parents both gain new skills and learn about their heritage as part of the Indian American Parent Coalition. Technical and financial support were provided through the federal Family Preservation and Support Services Program and disseminated by Resources for Families and Communities (see story, page 15).

Resources for Families and Communities

Placements have ranged from one month to several years, depending on family needs and the availability of funds. Parents ranged in age from 15 to 40, with up to four children each, who ranged from infants to adolescents. Most of the parents who enter whole family foster care are young women with small children who are seeking parental mentoring as a way of ending their involvement with child protective services.

For more information, contact Bob O'Hara at 570 Asbury, Ste. 105, St. Paul, MN 55104, 612/645-0688.

Early Head Start

Through two Native American–operated programs, children ages two and three are taking classes to learn the basics of colors, language, and numbers; singing songs in Dakota; and learning social skills while their parents develop their self-sufficiency and parenting skills through workshops and classes. The programs are sponsored by Little Hoops Community College Comprehensive Child Development Program in Fort Totten, North Dakota and the Port Gamble S'Klallam Tribe of Kingston, Washington.

All Early Head Start programs are founded on the importance of the first few years of life in children's later development and success in school. What makes these two programs different is their emphasis on strengthening families' Native American cultural identities.

The Fort Totten program provided Ann Lawrence, a mother of two, with the opportunity to obtain two associates degrees in education. Her children learned

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to count in English and Sioux, went to mini–pow wows, painted, and sang during their time at the center; these activities plus parent-child programs and workshops amounted to 40 hours a week for the family.

Another mother, Carmen Littlewind, says she was able to get off of AFDC in 1991 with the help of the Fort Totten program. With day care and transportation provided, She received a secretarial certificate and a two-year certificate of applied science in education. The coordinator of the program assisted her in finding employment.

For more information on these programs, call Beverly Greywater at 701/766-4070.

Respite Care

A number of communities nationwide are using culturally based respite as a way to prevent out-of-home placement by providing parents with a break at stressful times.

The Ina Maka Program run by United Indians of All Tribes in Seattle, Washington, offers respite care for urban families of children with disabilities that preserves and strengthens their culture while giving parents a break in times of crisis and stress. The organization allows for a Kia (grandmother) to be available on a planned basis to come and care for the child in his or her home while the parents spend time with the other children.

Both planned and emergency respite care that strengthens Native American families' culture identities is available through the Klamath Family Support Center in Klamath Falls, Oregon. The center also provides individual counseling, parenting classes, and support groups.

In today's society, problems that have contributed to changing family structure may cause natural helpers to "burn out" or not to be present when help is needed. Both programs attempt to replicate a sense of extended family and to respond to the importance of extended family in traditional Native American cultures. Another issue faced by respite care providers and families is the value placed on the privacy in Native American cultures. These programs' approach of linking families with respite care providers of their own cultural backgrounds can help encourage parents to make use of respite services when they need them.

Home Visiting

In 1988 the Families First program was piloted in two Upper Michigan reservations, Sault Ste. Marie and Kee Wee Naw Bay, as well as 18 counties in Michigan. Now the home visiting program, whose goal is to safely prevent separation of families following reported child abuse and neglect, operates on reservations all over the state.

Families First home visitors each serve two families, providing flexible services and funds to respond to families' needs. The four-week program of visits consists of determining goals with the family and then pursuing those goals, whatever they may be. Some families are working to improve household cleanliness. Some need help sticking to a medication schedule. One worker brought new bottles for a mother whose baby had been choking while being fed; the holes in the bottles had been too big for the child. A worker in the child protection system had informed the mother of the problem, but the home visitor's hands-on help made the difference.

Visits are planned to suit families' schedules. Families can be referred to home visitors by workers in the child protective services system, by a probation or tribal court, or by foster care workers who recommend that the family of a child under their care receive in-home visits before the child goes back home.

Another home visiting program on the Ely Shoshone Reservation in Nevada concentrates on developing the parenting skills and child development knowledge of parents of preschool children.

Both programs are funded through a mix of federal, state, and local funds and reduce the stigma attached to receiving services by sending visitors of families' own cultures to provide services and support.

For information, contact Cora Gravelle, Inter-Tribal Council of Michigan, Inc., 405 E. Easterday Ave., Sault Ste. Marie, MI 49783; 906/632-6896.

More information can be obtained from the National Indian Child Welfare Association, 3611 S.W. Hood, Suite 201, Portland, OR 97201, 503/222-4044 (phone), 503/222-4007 (fax).

Tribal communities have used federal grants in inventive ways to develop and expand their current child welfare systems to include preventive and supportive services for children and families.

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Family Group Decision Making
An Internationally Replicated Alternative to Foster Care

by Lina Cramer and Lisa Merkel-Holguin

In Summer 1993, FRCA Report *(volume 12, number 2) included an article written by Casandra Firman about the New Zealand Family Group Conference approach to child welfare practice. Below,* Report *revisits the model, highlighting current efforts to replicate and adapt it in the United States.*

At least 15 states representing all regions of the U.S. are using Family Group Decision Making (FGDM) in their child welfare systems. FGDM empowers families and engages them in developing a plan to nurture their children and protect them from further harm or neglect. The FGDM process fosters cooperation, collaboration, and communication between child welfare professionals and families.

Since 1989, two primary models of FGDM have been practiced worldwide in child welfare: Family Group Conferences (FGC) and Family Unity Meetings (FUM). The FGC model, which New Zealand developed and legislated in 1989, has been adapted in Canada, the United States, Australia, and England. FUM, developed in Oregon in 1990, is used by the Oregon Children's Services Division and in various U.S. communities.

Both in New Zealand and the United States, incorporating FGDM into child welfare practice has been spurred by a number of phenomena:

- An escalating number of children, and a disproportionately high number of minority children, living in out-of-home care
- Many children's unacceptably long stays in out-of-home care
- Too many multiple out-of-home placements for children
- Delivery of services (particularly to the Maoris in New Zealand) sometimes regarded as racist

FGDM is being adopted because it fits contemporary philosophies of child welfare, which call for increasing the use of kinship care, capitalizing on family strengths, participatory decision making, and a partnership between the family and professional. New Zealand's positive results, as well as the growing commitment among child welfare agencies to deliver family-centered, culturally competent services, have sparked the model's replication.

Oregon began using the model in 1990 and has adapted the model differently in rural and urban settings. In 1995 many other states began using FGDM, as did some communities and counties. Santa Clara County, California, has adapted the model, and in Topeka, Kansas, and Grand Rapids, Michigan, FGDM is being used as part of the Kellogg Foundation's Families for Kids initiative.

Many U.S. communities and states adhere closely to the New Zealand model, while others adapt it liberally, particularly with respect to the family deliberation stage, which New Zealand limits to family members. In Chicago, trained mediators are involved in the meeting, and in Topeka, Kansas, members of the family's support network may be present.

FGDM Principles

Family Group Decision Making is a non-adversarial process based on the principles that families, communities, and government must work together to ensure child safety and well-being, and that families must be involved in making decisions affecting their children's welfare.

FGDM is compatible with the principles of family support. It is family-centered, family strengths-oriented, culturally relevant, and community-based. It recognizes that families have the most information for making well-informed decisions about themselves and that individuals can find security and a sense of belonging within their families. It emphasizes that families have the responsibility to not only care for, but also to provide a sense of identity for, their children. It encourages links between families and their communities.

The Participating Families

New Zealand mandates Family Group Conferences for the families of all children subjected to substantiated sexual abuse, domestic violence, physical abuse, and neglect, as well as families in which a member is experiencing mental illness or developmental disability. In the United States, child welfare agencies solicit families to voluntarily participate, although in a few locations FGDM meetings are court-ordered.

The Family Group Decision Making Process

The FGDM models have four main phases.

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Inter

Family Gro Making ir

A Conversation with the Reverer Lawndale Christian Cc

Lawndale is a low-income, largely African American neighborhood on Chicago's near southwest side. In April 1996, Rev. Joe Miller began working with state officials to add a family conference program for families at risk of entering the child welfare system to the wide range of health care, mental health, and preventive services offered through his clinic. The clinic serves more than 1200 newborns and their families per year.

We often work with families referred to the Department of Children and Family Services because the mother has a substance abuse problem and is using her public aid check to support her habit while the children are not fed, supervised, or attending school regularly.

We have learned that before we can have a family conference, we have to ensure the children's safety and secure the mother's participation. But it is very difficult to get a mother to cooperate in the planning for the care and protection of her children while she is still using drugs. Therefore, we work with the extended family to identify a family leader (usually a grandparent) who will assume responsibility for the children, and then transfer the public assistance payment to them. Usually after about two months, the mother agrees to work with us, and we link her to treatment services. Then we can prepare for a family conference, where the fam-

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1. Referral to an FGDM meeting

Typically, the social worker who investigates and assesses a case of child abuse or neglect refers the case to a coordinator, who decides whether to hold an FGDM meeting. The coordinator should be impartial and without connections to the case.

2. Preparation and planning for the FGDM meeting

Thorough preparation and planning can determine the success of an FGDM meeting. While coordinators must weigh ensuring broad and informed family participation against convening a meeting quickly, adequate preparation helps the remaining stages progress more smoothly. Before the meeting he or she must:

- Ensure that the child is in a safe environment, whether in the home or in out-of-home or kinship care.
- Work with the family and child to invite the participation of individuals who can protect and care for the child and support the family in doing so; can supervise implementation of the meeting plans; and have a relationship with the child. These could include parents, kin, children, tribal elders, neighbors, clergy, etc.
- Attempt to involve family members who have directly contributed to the problem in determining and implementing solutions; decisions to exclude them should not be made hastily.
- Clearly explain the FGDM process to all participants so that they fully understand their roles before, during, and after the meeting.
- Manage unresolved family issues that, if discussed, could derail the meeting. Coordinators must inform family members before and during the meeting that issues unrelated to protecting the child will not be discussed.
- Coordinate all meeting logistics, including the date, time, place, supplies, refreshments, seating arrangements, interpreters, travel arrangements, and if necessary, extra security. The time required to do this should not be underestimated.

3. The Family Group Conference and the Family Unity Model meetings

While there are differences in practice between the Family Group Conference and the Family Unity Model (see next page), their activities are fundamentally the same:

- Introduction of the participants and explanation of their relationships to the child and family
- Statement of the purpose or goals of the meeting
- Sharing of information—strengths, concerns, bottom-line requirements, resources
- Family discussion and questions
- Decision making and planning
- Review and acceptance of a plan to protect and nurture the child(ren), including identifying resources and responsibilities

4. Events and planning subsequent to the FGDM meeting

Writing and distribution of the plan, delivery of services, and review and monitoring of the decisions follow the family meeting. If thought necessary by the family or the professionals, a follow-up meeting may be scheduled for case review.

Communities implementing FGDM face the challenge of locating and providing the services and community resources that families identify in their plans. The most frequent request in New Zealand is for financial subsidies to care for the children.

Working with the family to implement the plan and ensure the child(ren)'s safety and well-being is essential to the long term success of FGDM. Monitoring, problem solving, and adjusting the plan are shared responsibilities of extended family members and professionals.

Early Implementation Results

FGDM offers a non-traditional response to families in crisis that may result in greater permanency, stability, long-term safety, and well-being for children within their families and communities. Implementation of FGDM worldwide has produced promising trends (but no official results) including: (1) a decrease in the number of children living in out-of-home care, (2) an increase in professional involvement with extended families, (3) an increase in the number of children living with kin, (4) a decrease in the number of court proceedings, and (5) an increase in community involvement.

Currently, New Zealand and most states involved in implementing FGDM within their child welfare services are monitoring the process and evaluating its short- and long-term effectiveness. Within the next few years, much more will be learned about the outcomes of family group decision making as a means of protecting and nurturing children within their own families and communities.

Lisa Merkel-Holguin is a Policy/Program Analyst with the Children's Division of AHA, 63 Inverness Drive East, Englewood, CO 80112-5117, lmerkel-holguin@amerhumane.org, 303/792-9900 (phone), 303/792-5333 (fax).

AHA round tables on family group decision making will be September 18 and 19 in Detroit and November 3 and 4 in Philadelphia.

Lina Cramer is a family support consultant working with the Illinois Department of Children and Family Services on the implementation of the Family Preservation and Support Services Program, and with FRCA on development of a self-assessment for family support programs.

This article is adapted with permission from the American Humane Association (AHA). A version of it appeared in Protecting Children, ***volume 12, number 3, 1996.***

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view

up Decision
ı Chicago

d Joseph Miller, Executive Director,
mmunity Health Center

ily will determine what needs to happen for the mother to get her kids and financial support back.

We do a lot to prepare for each conference. Originally, it was hard to engage more than two or three extended family members for a conference, but now we average four or five. At a conference, our family coordinator works with the family members, service providers, and child welfare staff to identify family strengths and vulnerabilities. All the information is shared with the family, including any requirements that must be met to keep the children with their family. The family is then charged with developing and deciding on a plan. The only non-family member present during the decision making is a mediator—a neutral person from the community who helps keep the family on track. It usually takes between six and nine months to carry out a plan.

All of our staff are from the community and are very committed to the program: once families finish the program, we follow up for at least six months to keep up with the children's progress, the mother's progress in treatment, and the entire family's implementation of their plan. No children have been removed from any of the 22 families we have worked with over the last year. We are the community health center—families know we'll always be here.

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Two Models of Family Group Decision Making

Family Group Conference

Stage 1: Introduction

In ways culturally relevant to the family, the coordinator welcomes participants, reiterates the FGC process and purpose, and leads the family in establishing the meeting's goal and each participant's role.

Stage 2: Information Sharing

The social worker who conducted the child abuse and neglect investigation straightforwardly and respectfully presents the facts of the case, and other involved professionals present related information. Family members may question the professionals, but professionals do not state opinions or make recommendations at this stage. The FGC model expects the family to formulate its own plan during the next stage.

Stage 3: The Family Meeting

The FGC model bars professionals and non-family support people from participating in the family meeting, leaving the family to discuss the case in private. It is believed that if professionals were to attend, they would tend to assume their traditional decision-making and facilitating roles, inhibiting family discussion possibly disempowering the family. The family must decide if the child was abused or neglected and, if so, how to ensure that the child is cared for and protected from future harm.

Stage 4: The Decision

Once the family reaches a decision, the social worker, coordinator, and other support people return to the meeting and the family presents its plan. New Zealand law requires that the family and the professional who referred the case agree with the decision, and gives parents, guardians, social workers, the coordinator, and the child's lawyer the power to veto the decision. There are few vetos: agreement is reached in approximately 95 percent of the cases in New Zealand. If there is disagreement, dissenting views are presented to the Family Court for a decision.

Family Unity Meeting

(as used in Marion County, Oregon)

Stage 1: Introductions

Facilitators explain the meeting's purpose, participants' roles, and ground rules. Participants introduce themselves to the group, explain their connections to the family, and indicate why they came to the meeting.

Stage 2: Goal Setting

The parent(s) and caseworker share with the group why they called the meeting, and the facilitator strives to delineate a common goal for all participants.

Stage 3: Strengths Assessment

The group identifies family strengths that can be mobilized to reach the goal.

Stage 4: Concerns

Parents, followed by family members, non-family participants, and professionals, share their concerns for the child and family. What is the family worried or concerned about? What must happen for the family to reach its goals?

Stages 5, 6 and 7: Options, Family Discussion, and Decisions

Although separate in theory, these stages often occur simultaneously. In the Options stage, the group brainstorms ideas for how to resolve its concerns and reach its goals. In the Family Discussion stage, it discusses the advantages and disadvantages of the above options. The facilitator remains neutral, ensures that family members have input, and writes options and decisions on a flip chart. As agreement on a plan emerges, the facilitator clarifies and restates the decisions. In the non-mandatory Decisions stage, the family may adjust or further clarify the plan to accommodate the professionals' concerns. If the family and professionals cannot agree (which is rarely the case), then either the facts are presented to the courts, another meeting is held, or the caseworker implements the plan he or she believes most appropriate.

Words Of Wisdom from Practitioners

- *Trust the process.*
- *All families have extended family who are willing to help care for and protect children. This support system is used especially frequently by minority families.*
- *Professionals should always discuss individual and family strengths and concerns, possible resources, bottom lines, and what each service provider or government body requires to assure that the child will be protected and nurtured.*
- *Families discuss the real issues when professionals are not present.*
- *Families know what will really help, what they really need.*
- *Let the family make decisions.*
- *Families devise more creative plans for caring for children.*
- *Families are committed to the plans they create.*
- *Families use resources that they identify as needed.*
- *Families share responsibility for carrying out the plan with the worker.*
- *Workers have allies in the family members who are empowered to monitor and support the plan.*
- *Expect to revisit plans—they all need to be adjusted.*

Contributed by Ansha Wainui-Mackie and Betsy Crane of the Family Resolution Project, a partnership between the New York State Department of Social Services and the Cornell University Empowering Families Project. Wainui-Mackie worked with families in New Zealand for eight years using Family Group Conferences.

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The Organizational Culture of Child Protective Services

by Paul Vincent

No public child-serving system in America is more beleaguered than the child protective services system.[1] Beset by criticism and overwhelmed by the needs of families and children who are affected by the nation's many social problems, the public child protection system has become the target of frequent attacks from both its allies and its detractors. The stress of this criticism has further weakened the system's capacity to protect children and contributed to an organizational environment that can be counterproductive to meeting the needs of children, their families, and even staff themselves.

Few who are knowledgeable about child protection would not agree that the system in America is in need of drastic improvement. Because of diverse opinions about the causes of its insufficiencies, the array of remedies which is promoted ranges from the traditional to the radical. To improve child protective services, attention is needed not only to the symptoms of insufficient performance, but to the organizational culture of the child protection system itself. The unique organizational life within child protective services, formed by historical influences and current events, must be understood in order to adequately design new strategies for the protection of children. In other words, we must ask why these services function like they do. The following description of organizational life reflects the experiences of many who work within the system, and could be instructive in understanding how it should be changed.

Organizational Life

Management, Administration, and Structure

Nationally, public child protection agencies operate in an organizational climate in which confidentiality and liability concerns make it difficult for staff to even acknowledge the need for improvement. Unfortunately, no institution can effectively address its deficiencies if it is unsafe to admit them. Even when staff do consider improvements, too often they perceive the penalty for publicized failure as being greater than the rewards for success. As a result, reasonable managerial and practice innovations needed to improve performance are considered risky despite internal recognition that the system is often ineffective in protecting children. Press coverage of tragedies rarely considers systemic influences, focusing instead on identifying and condemning the individual caseworker whose judgment is considered responsible for a child's harm. Unfortunately, some managers defensively follow the same practice, a fact which contributes to the high staff turnover in the field. As a result, initiatives for improvement are likely to be modest, incremental, and traditional.

To improve child protective services, attention is needed not only to the symptoms of insufficient performance, but to the organizational culture of the child protection system itself.

In addition to criticism from the press, child protective services are also frequently criticized, usually with impunity, by more powerful stakeholders, such as judges, prosecutors, law enforcement, advocates, and attorneys. These attacks contribute substantially to a climate of victimization among child protection staff. Few categories of social service professionals experience lower status than public child protection staff.

One of the most significant contributors to low public and professional regard for the field is the lack of meaningful outcome measures on which to evaluate practice and performance. From the public's perspective performance is evaluated more on the basis of tragedies than successes in protecting children. As a result, the system is constantly on the defensive, especially where the media is concerned.

Justifiably concerned about controlling the risks of harm to children and of liability to the organization, many child protection agencies attempt to manage risk with detailed and often inflexible policies on worker practice. Compliance with policy is usually enforced through rigid, hierarchical organizational structures and multiple levels of supervision. While such organizational designs yield relatively consistent agency practices, in casework they inhibit innovation, flexibility in responding to individual family needs, partnerships with outside organizations, and the exercise of independent professional judgment.

Organizationally, child protective services tend to be independent of the foster care and adoption components of child welfare and are often separate from ongoing child protection interventions. They are certainly separated from other external helping systems. As a result, staff may not be fully aware of the long-term effects of their interventions on children and their families. The lifelong effects of separation and loss on children placed in the foster care system, for example, become someone else's problem. Specialized separate functions also hinder team building, which is essential for effective community partnerships. For families, such organizational separation sets the stage for serial interventions through multiple workers within the helping systems.

Most critically, child protective services tend to be isolated from areas where conditions lead to a high risk of child abuse and neglect, and tend to be staffed by people who have little in common with people living in those communities. The strengths within communities lie largely untapped by the public system.

Practice

Compounding the difficulty of their tasks, child protective services staff face an overwhelming caseload which they are virtually powerless to control. The recently released National Incidence Study reports that while the incidence of child abuse and neglect has grown significantly, the child protection system's capacity to respond has remained largely static over recent years. There is a consistent perception among child protective services staff and child welfare staff in general that they are

"dumped on" by the larger community and expected to address the needs of families on whom other stakeholders have given up. This feeling of being an overwhelmed last resort leads, not without cause, to frustration and resentment, which fuels the "us versus them" personality of the system. In the face of families' need to deal with the increasingly complex effects of poverty, substance abuse, homelessness, and other debilitating social conditions,
the child protection system provides little training for its staff, leaving workers feeling unskilled and unprepared to perform the work expected of them. The training that is provided is often too deficit-focused and infused with terms such as "investigation" and "perpetrator" as well as with medical terminology, language associated with more respected disciplines. Not surprisingly, practice tends to conform to the language. In many systems, the helping, social work heritage of child protection interventions has been blurred by adaptation to the cultures of more powerful, higher status stakeholders such as prosecutors, physicians, forensic specialists, and psychologists.

A more serious deficiency of the training provided most child protective services workers is its concentration on case planning and policy to the exclusion of building skills in engagement and assessment. Case planning content is more likely to be focused on the agency's role and the parent's obligations than on the family and child's needs and the agency's obligations. Families are infrequently involved in case planning, if at all. Uncomfortable engaging families, and not being required to do so by agency policy, the child protection system is too often unable to recognize and use family strengths in planning interventions. Being unable to engage families, it is no surprise that child protective services staff find it difficult to engage the neighborhoods and communities in which the families they serve live.

To summarize, because of the unique pressures and experiences faced by child protective services, the following characteristics are found in many agencies around the country:

- A problem-focused, deficiency-based perception of the families served
- A view of the community that is heavily influenced by generalizations about the families within the child protection system who live there
- Practice influenced by fears of exposure to liability and public condemnation
- Rigid, hierarchical organizational and supervisory structures
- Unmanageable workloads and expectations of error-free decision making
- An inability to effectively measure and communicate successful performance and outcomes
- Lack of respect from the public and powerful stakeholders
- Lack of skills and resources needed to help families change
- Disconnection from the rest of child welfare and other helping systems and insularity related to integration with other systems and the community
- A sense of resentment, victimization, and powerlessness among staff

The Strengths of the Field

Despite the challenges of reshaping the public child protection system, a focus only on system deficiencies is as harmful and misleading as problem-centered practice with families. To begin to modify the organizational culture in child protective services, it is necessary to understand that much of the organizational and individual behavior in the system is largely adaptive to the unreasonable and relentless pressures which are placed upon it.

In fact, there is significant strength and amazing resilience within the system, in spite of often thankless working conditions. Faced with growing public ambivalence about the role of government and the use of government authority, staff continue to accept the responsibility of balancing child safety with the need for the attachments of family.

State and local systems continue to attract new staff willing to contribute to the protection of children and are led by experienced workers, supervisors, and managers who have committed their careers to the field. And although data systems cannot yet adequately document successes, child protective services staff routinely protect large numbers of children and provide meaningful help to their families.

Additionally, despite the risks of change, child protective services constantly work on improving their practices, redesigning risk assessment instruments, developing new strategies, learning from other agencies' experiences with reform, and advocating for needed resources. These strengths provide a powerful foundation on which to build expanded capacities for safer children and stronger families.

Strategies for Change

The problems that affect child protective services, while helping form and sustain their culture, are not irremediable. Addressing these problems, however, is not without cost, and for administrators, not without risk. Four things are required if the public child protection system is to improve its capacity to protect children from harm. First, courageous and visionary leadership is needed to improve both practice and the organizational systems and culture that support it. Second, it is necessary to institute a cohesive framework of practice that builds on family strengths, ensures worker competency, provides a meaningful role for families in decision making, and permits an individualized response to child and family needs. Third, the capacity to measure and learn from outcomes must be developed. Fourth, and perhaps most challenging, meaningful partnerships for the protection of children must be developed with the neighborhoods and communities within which families live.

The public child protection system alone can never adequately address the needs of children at risk of harm. Only through the sharing of resources, services, family supports, and governance of child protection can the nation fulfill its obligation to protect its children from abuse and neglect.

Summary

While the costs of supporting effective child protective services are high, they are not as high as the costs of failing to adequately protect the nation's children. As is increasingly evident through neighborhood and community-based child welfare reforms led by the Edna McConnell Clark and Annie E. Casey Foundations, among others, the organizational culture of child protective services can be reshaped to more effectively work with families and communities for the effective protection of children. The investment is worth the price.

Note

This article is part of a paper prepared for the Edna McConnell Clark Foundation.

Paul Vincent, former Director of Alabama's child welfare system, is involved in neighborhood-based reform initiatives with the Edna McConnell Clark Foundation and in systems change documentation with the Annie E. Casey Foundation. He directs the Child Welfare Policy and Practice Group, a private, non-profit organization that provides technical assistance in improving practice, at 3328 Lexington Ave., Montgomery, AL 36106.

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Foundations Sponsor Two Community-Based Initiatives

Innovative, community-based ways of responding to the needs of families in the child welfare system are emerging nationwide—not only through the efforts of practitioners, community residents, and state and county governments, but with the generous support of major foundations such as the Annie E. Casey Foundation and the Edna McConnell Clark Foundation.

Community Partnerships for Protecting Children

The Edna McConnell Clark Foundation is sponsoring an initiative that promotes partnerships between the community and child protective services agencies in Cedar Rapids, Iowa; Jacksonville, Florida; St. Louis, Missouri; and Louisville, Kentucky. FRCA is providing technical assistance to the communities as part of the initiative, called Community Partnerships for Protecting Children. The initiative focuses on preventing both initial and recurrent abuse and neglect rather than stopping at assisting families in which abuse has already occurred. These communities take the revolutionary step of placing responsibility for prevention on the community, requiring child welfare agencies to collaborate and plan with private agencies and community members.

The initiative relies heavily on the informal—yet often untapped—resources that are available in every community. Workers in the child welfare systems now call upon family members, friends, and neighbors to provide support to families in need and to ensure the safety of children. Below, you'll read about specific steps that the four communities are taking.

1. Communities Owning Child Protection

To increase community involvement in child protection, the Partnership in Jacksonville has instituted voluntary contracts that allow parents or other family members at risk of being involved in child abuse to obtain a pledge from a trusted community member to provide support and help ensure children's safety. Thus far, the community has gathered over 300 contracts, which they call community support agreements. Community members in Cedar Rapids have developed a network of paid neighborhood helpers who ensure that community members get to know each other, learn about resources, and get support when they need it. They receive a stipend to increase their ability to commit time and energy to providing support and reducing the isolation of the families in their neighborhoods.

In St. Louis, a Community Innovation Fund has been established to encourage community associations and churches to become more involved in child safety. The fund supports grassroots efforts that increase informal support and activities for neighborhood families.

Tammy Jones

Parents and staff at Neighborhood Place in Louisville, Kentucky, are forming a community-wide network to protect children and strengthen families through Community Partnerships for Protecting Children.

2. Customizing Responses to Cases of Child Abuse & Neglect

Community Partnerships for Protecting Children sites are working to change the response of the child welfare system from a "one-size-fits-all" investigation of all alleged offenses to an institutional response that is customized to the variety of family situations.

In collaboration with the Kentucky Department of Social Services, those involved in the initiative in Louisville have developed alternative, family-supportive strategies for investigating and serving families whose cases involve serious injuries or neglect. The strategies target children under age five. The Sigel Education Center, a school-based community center that is the hub of the Partnership in St. Louis, helps to target sections of the community that require a heightened protective response.

In Jacksonville, workers in child protection services are based in schools to increase informal connections with families. Parents who seem to need support to prevent child abuse and have not been reported to child protective services are referred to a 24-hour resource and referral hotline so they can get help before a formal response from the child welfare system is required.

3. Providing Support to Families in the System

The community in Cedar Rapids is piloting an alternative assessment approach. In tandem with child protective service workers' assessment process, family support workers assist families on a variety of issues (e.g., employment, parenting skills, and child development) to simultaneously help families improve their well-being and increase child safety.

In conjunction with the new assessment approach, the Partnership in Cedar Rapids has expanded Iowa's Patch Project, which places child protective services staff in family resource centers so that they can collaborate with other providers of community resources. By increasing their contact with families, the Patch Project staff can more closely monitor the safety of children already in the system and can help other families solve their problems before they escalate into abuse or neglect. In Louisville, staff of the Kentucky Department of Social Services conduct training on child protection for local agencies and identify mentor families who can provide support to at-risk families. To create a comprehensive, community-based effort, the Partnership has its headquarters in a center that provides a variety of social services for families.

Family-to-Family Initiative

Thanks to the Annie E. Casey Foundation's Family-to-Family Initiative, many of the children who normally are placed in group homes and institutions are with their families, receiving community-based services that are more responsive to their individualized needs, rooted in their

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Families in Cedar Rapids, Iowa, test and learn about car seats for their children at the Brownstone Family Resource Center.

neighborhoods, and sensitive to cultural differences. These reforms in the foster care system are taking place in several counties in seven states, and are based on the initiative's central tenet: that child welfare systems should be family-centered.

One goal of the initiative is to avoid unnecessary out-of-home placement, when preserving the family through intensive support services is a responsible option. In Savannah, Georgia, entire families have been placed with mentor families instead of removing the children and causing greater disruption in the family. This has enabled families in crisis to rely on the support of others in the community and build their capacity to work through difficult times.

In situations in which it is necessary to remove children from their homes, the Family-to-Family Initiative calls for avoiding institutional or congregate care unless the child's needs make it absolutely necessary. To meet this goal, states and counties have had to drastically increase the number of foster families available. In Cleveland, the initiative recruited 148 new foster families in its first year, through door-to-door canvassing; booths in grocery stores, churches, laundromats, neighborhood centers, and schools; and informal gatherings in the homes of current foster parents.

The initiative seeks to place children who must be removed from their homes with foster families in their own neighborhoods. Children then can attend their own schools, play in the same parks, and to see their natural parents more frequently. In order to make more neighborhood families eligible to become foster families, Cuyahoga County in Ohio has assisted with the application process and even helped families renovate their homes and purchase additional beds in order to meet eligibility requirements.

The initiative also involves foster families as team members in family reunification efforts by facilitating regular contact between primary and foster families, encouraging primary families to stay involved in their children's lives, and allowing foster parents to participate in decision making.

Communities already have seen positive effects from the initiative. They are reporting fewer out-of-home placements, fewer placements outside children's communities, and fewer placement changes while children are in care. Also, hundreds of foster homes have been added.

The Edna McConnell Clark Foundation and the Annie E. Casey Foundation have enabled communities to try some innovative reforms in child welfare systems. In the pages that follow, practitioners, administrators, and parents describe the impact of these initiatives in their own words.

Interview

A Parent's Perspective on Community Partnerships for Protecting Children

Connie Hodges is an outreach worker for the South Side Day Nursery in St. Louis, Missouri. As a parent leader, she helped plan the Community Partnership for Protecting Children Initiative in St. Louis and is a member of the initiative's implementation team.

How did you get involved in the Community Partnership for Protecting Children Initiative?
I was a parent leader first. I got involved when a meeting was held at the South Side Day Nursery about changing the [Division of Family Services'] investigative process on child abuse and neglect. I became involved from the very beginning, back in 1995, because I want to help change the myth about DFS.

Has your involvement in the initiative changed your life?
Yes, it's changed my life, as I'm now a family support worker. The program [that I work for] will focus on child abuse prevention by reaching women seeking prenatal care. I'm also helping families relieve the multilevel stress in their lives.

How has the initiative affected your community?
It's brought the community closer together. We've come together for the protection and well-being of all of the community's children. We're also developing new programs that will help the community rebuild and reduce barriers between service providers.

What has been the hardest part about participating in the initiative?
The hardest part is that agencies are territorial. There's often a lack of communication and commitment. There's also a lack of parents involved in development and implementation.

What has been the most rewarding part about participating in the initiative?
The best part has been getting to meet all of the people at the different sites, traveling, being part of an initiative that's going to change the way we do business, and especially reaching families that need us.

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Neighbors Helping Neighbors to Protect Children

Linn County, Iowa

by Chuck Abel and Carol R. Rickey

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The Brownstone Family Resource Center is part of the Patch program in Cedar Rapids, Iowa.

In several neighborhoods in Linn County, Iowa, parents, neighbors, grassroots community groups, and public and private non-profit agencies and organizations are working together to keep children safe from abuse and neglect. Increasing the community's involvement in and ownership of this work is the key to Linn County's Community Partnership for Protecting Children. The Partnership is funded with a grant from the Edna McConnell Clark Foundation, and by the federal Family Preservation and Support Services Program with matching community dollars.

In Linn County, neighborhood Partners are integral to this new effort that links the natural helping networks of neighborhoods with the formal child welfare system. Neighborhood Partners are community members who reach out to families who otherwise are isolated, to parents in crisis, and to families under stress. They provide families with information on community resources, are themselves involved in community life, and assist in neighborhood and block development. As community members, Neighborhood Partners are able to support families in ways agency workers often cannot. Neighbor-to-neighbor relationships bring built-in trust and mutual accountability.

Having demonstrated an ability to build positive and supportive relationships with others, potential Neighborhood Partners are identified by school personnel, day care staff, neighborhood associations, and other organizations located in the neighborhoods. Neighborhood Partners receive a small stipend.

The Neighborhood Partners project comes from the strengths-based approach of family support. Its mission is to strengthen and reinforce the existing network of families, friends, and neighbors, who traditionally have responded to societal problems before human services professionals have. This project brings that early response of neighbors into the human services arena.

To make the resources of human services organizations more accessible, family-friendly, and strengths-based, neighbors must also be involved in the governance and decision-making processes of family resource centers and human service organizations. In five Linn County neighborhoods, neighbors, community representatives, and community groups participate in planning and making decisions that help to define community needs and assets and to determine how resources will be allocated. Their feedback about how services are implemented is fundamental to improving service delivery.

Linn County's Community Partnership for Protecting Children and the Neighborhood Partners project have involved many new participants in making child welfare services more responsive to the real needs of families. Today, instead of responding categorically to families and making the needs of agencies the priority, agencies are working together and across systems to improve the safety of families and children.

In this innovation in child welfare services, children's safety depends on the effectiveness of community support for families, the organization of service systems, and the use of resources. When the Partnership in Linn County reaches full strength, the neighborhood support networks will make the child welfare system even more responsive to the needs of children and families. Those involved in the Partnership are developing methods of collecting data, analyzing results, and evaluating outcomes, with the expectation that positive outcomes for individuals, families, and the community will be measurable in two years.

Chuck Abel, Ph. D., LSW, is facilitator of the Family Resource Development Association, of which Cedar Rapids' Community Partnership for Protecting Children is an initiative. He can be reached at Family Resource Development Association, 1630 First Ave. N.E., Cedar Rapids, IA 52403, 319/398-3300, (phone) 319/398-3312 (fax).

Carol R. Rickey, MS, is Project Facilitator for the Community Partnership for Protecting Children, and can be reached at 319/398-3950 (phone), 319/398-3513 (fax).

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A Family-to-Family Answer to Foster Care

Cuyahoga County, Ohio

by Julia DeLapp

In Cuyahoga County, Ohio, neighborhood residents have become key partners in meeting the needs of families involved with the Department of Children and Family Services (CFS). With support from the Annie E. Casey Foundation, CFS is changing the way they do business through the Family-to-Family Neighborhood Foster Care initiative. According to Terri Ali, Cuyahoga County Liaison, "Family-to-Family is a family-centered, community-based philosophy that defines how we do work. The principles underlying the initiative are now entrenched in the way the agency does business."

Community Took Charge From The Start

The community has been involved in the initiative since the planning stages, when CFS invited community members to help write the initial request for proposals (RFP) to agencies wishing to participate in the initiative. Over 100 people who were interested in seeing changes at CFS came to the first meeting. "The people who came had a history or concerns with the system: service providers, adults who had been through the system as children, foster parents, residents, and public system employees." Together, agency workers and community members developed an RFP calling for the creation of community collaboratives to recruit foster parents, to assist families whose children live with them under protective supervision by CFS, and to intervene in family crises in order to decrease the likelihood of child abuse or neglect. The collaboratives work to ensure that children who cannot live with their parents or relatives are placed in foster families within their own neighborhoods, where they can be in proximity to their families, friends, school, and recreation.

Family-to-Family has continued to rely on community residents. In order to place children within their own neighborhoods, CFS undertook large-scale recruitment efforts to find and train potential foster families. Utilizing neighbors was only natural, explains Elisha Moore of St. Martin de Porres Neighborhood Center in Cleveland. "Some people have always taken care of children in the neighborhood. Their homes have been 'safe havens' where kids hung out. Using them as foster parents means that children can stay in the neighborhood and attend the same school. Also, foster parents know how to get across to birth parents better than social workers from outside the community. Foster parents serve as mentors and role models for birth parents."

The collaboratives work to ensure that children who cannot live with their parents or relatives are placed in foster families within their own neighborhoods, where they can be in proximity to their families, friends, school, and recreation.

Foster Parents and Birth Parents are Partners

Neighborhood foster families work directly with primary families, meeting them shortly after they are given responsibility for caring for the children. Everyone who is significantly involved in the child's life attends a Family Team Meeting to exchange information and plan for the child's care. The intent of the meeting is to reduce the likelihood of trauma to the child by creating a continuum of care and to build a relationship between parents and foster parents so that the child feels supported by both.

Parents share their children's special needs, likes, and dislikes at the meeting, and foster families describe what has happened with the children since they were placed. "This bridges the gap between parents and foster parents," says Ali, "and helps parents stay involved in their children's lives." The two families work out a visitation plan, planning to attend church or other events together.

Moore explains that the Family Team Meeting is an important step in building a strong relationship between biological and foster parents. "I encourage biological parents to write down their questions ahead of time so they won't be afraid to ask them during the meeting. I also encourage the foster parents to ask the birth parents questions rather than asking the social worker. This enhances the communication between foster and biological parents, which is ultimately better for the children." It also ensures that the children feel supported by both their biological and foster parents while in placement.

Family-to-Family also calls for more relationships between foster families and CFS workers. According to Ali, CFS has come to rely on foster parents in many ways. "Foster parents help us train new workers, and give us ideas on how to help parents stay involved in their children's lives. Parents and foster parents go on outings together with the children. Some parents have baby-sat their children while the foster parent runs errands; some take their children to medical appointments. Parents who aren't ready for this responsibility have helped out foster parents in other ways, doing their children's laundry or preparing their food." In addition, foster families now participate in the decision making about children and their families. "The parents have brought really valuable information to case reviews. Unlike the social worker, the foster parent can bring in

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what is in the child's world at that moment. With this information, CFS, primary families, and foster families can work as a team to decide the best outcome for the child."

Although the reform has brought many positive changes, Ali warns that it has not been easy. "The hardest thing about implementing the new philosophy is that it takes time. People on all sides of the team are learning their part. This work is not part of their job description; for it to work, we have to depend upon people who are believers until roles and responsibilities and job descriptions are rewritten to reflect family-focused work." Despite these challenges, the philosophy is catching on. "Social workers are telling us, 'This is what I came to social work for—not to be punitive, but to help guide people.' We are seeing less burn-out among the workers." And as Ali stresses, many are realizing that the "new" philosophy is actually very old. "The concept of the extended family and the community has always been around. We are just rewording it for foster care."

Reunifications Bring Tears of Joy

Although Family-to-Family has yet to receive a thorough evaluation, Ali has seen many successes. "One parent who had been involved with the system for a long time made a video about the difference in how social workers worked with her before and after the initiative. Her first two children had been placed very far away and she found it difficult to see them. This time, her children were placed within a couple blocks of their grandmother, and she felt that she was working with a team who really wanted her to have her children back. She saw her children and the foster mother often, and the foster mother eventually inspired her to get substance abuse treatment. She got her kids back in just eight months. The foster mother and social worker hosted a dinner party for her at a neighborhood center as a reunification celebration, and the foster mother is still involved with the parent and grandparent."

Reunification celebrations, attended by the social worker and all other key people involved with the family, are the highlight of the job. Says Moore, "There are a lot of tears as everyone celebrates the parent's accomplishments in getting the children back. Seeing these reunifications is the most rewarding part, especially when the foster and biological parents still interact afterwards. One birth parent has AA meetings here, and the former foster parent has street club meetings here at the same time. So they see each other's families on a regular basis—it's like one big family."

States need to look at their rules and ask hard questions. If their policies and procedures don't help families and don't utilize foster parents as partners, they need to reassess them.

Due to such successes, Ali believes that other states and counties can learn from Cuyahoga County's experience. "Children who experience less movement will experience less trauma. We don't want to have a system that is producing special needs by causing so much disruption in kids' lives that it creates mental and emotional stress. We want kids to get placements according to their needs. To do this, we must operate with an overall picture of what's really good for kids: stability, authority, and working together to create a continuum of support. States should change their mandates to accommodate this movement. They need to look at their rules and ask hard questions. If their rules and procedures don't help families, they need to reassess their policies." And, Ali believes, policies should utilize foster families as partners. "Foster parents acting as mentors, role models, and advocates for children and their families closes gaps in the public system. For this reason, foster parents must be seen as a real part of the family team." Moore adds, "The child welfare system can't do everything. It takes a community to protect a child."

Terri Ali, LSW, can be reached at the Department of Children and Family Services, 3955 Euclid, Cleveland, OH 44115, 216/432-3362 (phone), 216/431-4115 (fax). Elisha M. Moore, LSW, can be reached at St. Martin de Porres Neighborhood Center, 1264 E. 123rd St., Cleveland, OH 44108, 216/268-3909 (phone), 216/268-0207 (fax).

Julia DeLapp received her MA in Social Service Administration and a Family Support Specialist Certificate from the University of Chicago. Her research has been in the areas of child welfare, network building, and collaboration. She has been working in the development of technical assistance materials at the Family Resource Coalition of America since

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On Being a Foster Parent

Empowering Parents Is the Greatest Reward

by Cheryl Mays

When I first became a foster parent, I was recently divorced, economically challenged, and barely making it. By taking care of children and helping parents in their struggles—not just foster parents, but birth parents as well—I stopped focusing on me and saw how I could help others. It made me feel better about my own situation. I've helped parents who weren't even involved in the child welfare system, helping them stay out of it. I've also learned how to access "systems" and have helped others do so.

I became a foster parent informally 13 years ago while caring for the child of a friend who couldn't take care of her. Informal foster care has always existed in Black neighborhoods and families. My parents had five children of their own, but were often taking care of as many as 15, including my stepsisters and cousins. My grandparents did the same thing, caring for their own 13 children and six nieces and nephews after the death of their parents.

In these situations, it's not a question of licensing, can I do this, or how will I do this. We make do and get the job done.

I became a licensed foster parent in order to gain custody of my cousin's children, who were in the child welfare system. I didn't know what Family-to-Family was at the time.[1] Then I moved to the Glenville area, and I received a letter about services for foster children at St. Martin de Porres Neighborhood Center.[2] I went to the center and became connected to both services that I needed and to other foster parents.

Helping Other Parents

I started helping out at the center. The site coordinator would call me and ask for my help or input when she was planning activities such as parties or trips for the foster children. I attended the support group meetings, and eventually became co-facilitator.

The best part has been working with the birth parents, helping them to see that we foster parents are not against them, that we don't want to keep their kids. We want them to raise their own children. At one family team meeting, a birth mother sat frowning because 10 people were sitting there telling her how bad her children were. So I spoke up to get her some services she needed. When the mother saw that I was advocating for her, she sat up a little taller and started trying harder. In the beginning, sometimes she'd make her family visits, and sometimes she wouldn't. Now she's here early. She just needed to know that someone was on her side.

When the mother saw that I was advocating for her, she sat up a little taller and started trying harder.

Advice for the System

My advice to child welfare systems is to listen to the foster parents. They are with the children twenty-four seven—twenty-four hours, seven days a week—and they know them best. Sometimes the workers treat the foster parents as if they don't know the children. I did a training presentation at the main office to help the workers understand who foster parents are and what they go through, and I think it gave them a whole new respect for the foster parents.

Also, give birth parents all the support they need. When you take away someone's children, you take away her reason for living, and she stands a good chance of falling into a major depression. So give her support and help her become empowered. It's that theory if you give them a fish they'll eat for a day, but if you teach them how to fish they eat for life. If you empower people, they learn to take care of themselves. Seeing that happen is the greatest reward.

Cheryl Mays has been a licensed foster parent for three years and Assistant Site Coordinator of St. Martin de Porres Neighborhood Center in Cleveland, Ohio, for six months. She recently began working at the Cuyahoga County Department of Children and Family Services as a foster parent liaison. She can be reached at St. Martin de Porres Neighborhood Center, 1264 E. 123rd Street, Cleveland, OH 44108, 216/268-3909, 216/268-0207 (fax).

Notes

The Family-to-Family Neighborhood Foster Care Initiative is sponsored by the Annie E. Casey Foundation. See story page 25.

The Glenville community in Cleveland, Ohio, is a site of the Family-to-Family initiative.

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Promoting Child Safety
Advice from Parents Anonymous

by Teresa Rafael

In 1994, Parents Anonymous, Inc., formed an ethnically, culturally, and geographically diverse National Parent Leadership Team (NPLT). The participants, who are all parent leaders in community-based Parents Anonymous groups, provide input on national and local programs, evaluate program effectiveness, and advocate for community-based, family-strengthening programs and policies. Team members train child welfare professionals in NPLT's successful models for working with parents as partners.

National Parent Leadership Team members believe that child safety is best achieved in an environment in which asking for help is a sign of strength, parents take charge of their lives, and communities share responsibility for creating family-strengthening services. NPLT members believe that effective partnerships are built by asking the right questions, listening carefully to the responses, and openly sharing all pertinent information. Below, they identify four front-line practices that encourage successful family outcomes by creating partnerships between practitioners and parents.

Take Parents Seriously

Team members suggest that the child protective services system's initial contacts with parents focus on determining how to best help the parent rather than on investigating a single specific event. An important question to ask is, "Do you need help keeping your children safe?" Some parents contacting their local child protective service office to seek assistance find that they rate too low on the risk assessment scale to qualify for services, and feel helpless when they are turned away.

"One social worker did not take me seriously when I called to ask for help," says Susan, an NPLT member from Illinois. "He told me to take more time for myself. He made it sound like the cure for a lifetime of pain was to take a hot bath." Team members emphasize that all requests for help are important and require a response, including referrals to community programs such as Parents Anonymous. Given that it is much easier to protect children by preventing problems, NPLT members emphatically believe that the system should not wait until there is hard evidence of abuse or neglect before offering their help.

Form a Partnership

In recognition that parents are experts on their families' strengths and needs, professionals working with them should ask, "What are your goals for your family? How can we help you and your family? What do your children need in order to be safe, secure, and healthy? What do you want to do first?...then what?" Recognize that parents often know best what their children need even if they have not been able to meet those needs. Mickey, an NPLT member from Oregon, says, "In the beginning things seemed hopeless ... everyone seemed determined to make sure I was not involved and had no voice whatsoever. It wasn't until I had a caseworker who actually listened and kept me informed every step of the way that my family got back on track." It is important to give parents credit for what they have accomplished and to recognize what they do well; then to reinforce and build on those strengths.

Close the Gap

Professionals can help parents overcome the culture shock they may experience when becoming involved with child protective services. Staff often seem to speak another language and can be intimidating. Sometimes workers propose plans that do not reflect the reality of the parent's life. For example, many parents have exhausted the financial and emotional resources their families and friends are willing to contribute to them. With the current emphasis on utilizing personal support networks, a caseworker may suggest strategies for gaining support from family members and friends that are not available to the people in question. Team members suggest that parent volunteers could be trained to work as advocates for other parents in the system. Their role might involve serving as system guides, helping to explore options for personal support and helping to interpret the sometimes confusing policies and practices.

Let Parents Lead

Parents must be in the lead when plans affecting their families are developed. Multidisciplinary teams are valuable resources in protecting children, but members say parents should be the leaders of the exercise, not just the focus of discussion. "The only way for services to be shaped around parents' needs and wants for themselves and their children is to ensure that they are active participants in any multidisciplinary team meetings regarding their family. Remember to keep the parent front and center, particularly during critically important planning times. The parent is ultimately responsible for the child's well-being."

Through training, technical assistance, consultation, and educational materials, Parents Anonymous, Inc., enhances the efforts of public and private systems and front-line practitioners to more effectively join in partnership with parents. The dialogue, partnership, and cooperation that will result from the practices identified above will result in stronger families and better outcomes for children, helping parents and those in the system achieve their common goal of protecting children.

Parents Anonymous, Inc., founded in 1970, leads a diverse national network of more than 2,300 community-based groups that strengthen families through mutual support and parent leadership. The organization's systems reform activities spring from the knowledge that parents must be intricately and meaningfully involved in the planning, implementation, oversight, and evaluation of systems to protect their children and strengthen their families.

Teresa Rafael, MSW, Vice President of Programs for Parents Anonymous, Inc., became involved with Parents Anonymous as a volunteer, served as executive director of two state Parents Anonymous organizations, and has worked with the national organization for almost three years. For information, contact Parents Anonymous, Inc., 675 West Foothill Blvd., Suite 220, Claremont, CA 91711, 909/621-6184.

Preventing Child Abuse
Healthy Families America

by Linda Turner

Healthy Families America (HFA) was started by the National Committee to Prevent Child Abuse (NCPCA), in partnership with Ronald McDonald House Charities, in January 1992. Modeled on the Hawaii Healthy Start program, the nationwide initiative works to prevent child abuse and neglect and enhance family functioning by providing intensive parenting education and support services in families' homes. The visits are targeted toward new parents, are tailored to families' specific needs, and are provided through statewide systems.

In 1993, FRCA *Report* (vol. 12, no. 2) informed readers of HFA, then less than a year old. Now, Healthy Families America is present in more than two-thirds of all states. Its wide replication represents a new commitment by public and private entities and the general public to approach the problems of child abuse and neglect in a preventive way: by focusing on early childhood development and parenting.

How the Home Visits Work

HFA programs are intensive, comprehensive, integrated with other community services, and flexible in responding to families' unique needs. HFA programs start by sending workers to spend time with pregnant women or with new parents in the hospital following birth. The parents share their hopes and concerns surrounding parenthood. The workers determine whether risk factors and stresses are present in the parents' lives that may indicate risk of child abuse and neglect, and if these are present, they offer parents the opportunity to take part in home visits and other services on a voluntary basis.

Home visits can occur over a period of up to five years. Workers and families work together on strengthening parenting skills, learning about child development and child health, and developing other aspects of family functioning. HFA programs collaborate with other organizations that provide family support programs in order to make the best use of resources, provide a comprehensive array of services to families, and avoid duplication of services.

The home visitor assists parents in bonding with their newborns. As this attachment develops, parents often become more motivated to develop their parenting skills. The home visitor is also a friend, advisor, and advocate for parents, as well as a monitor who can sense a risk of child abuse or neglect and help the family do something about it.

HFA's Success

Those receiving HFA services have shown high immunization rates (over 90% in some cases), decreases in birth complications and incidences of low birth weight when women receive prenatal services, increases in the use of well-baby care and other preventive and routine health care services, decreases in repeat pregnancies and higher school completion rates among teenage participants, and high participant satisfaction in the identification and use of community resources and family support services. Some evaluators show that participant groups have lower rates of child abuse than control groups not receiving HFA services.

As an effort to advocate for the home visiting services that it provides, HFA also has made great strides toward its five national goals:

1. To ensure that the public knows that HFA is an effective way to prevent child abuse and to mobilize grassroots support for HFA sites: HFA establishes itself as a voice for children and families through annual opinion polls, nationwide media campaigns, a toll-free informational telephone line (1-800-CHILDREN), collaboration with the Families and Work Institute's Public Engagement Campaign, corporate partnerships, and editorials and articles.

2. To ensure the security and sustainability of HFA by dramatically increasing ongoing funding for HFA: HFA used $1 million from the Ronald McDonald House Charities to leverage more than $35 million at the local level. It has helped local programs raise money and advocate for home visiting by: conducting outreach to legislators; publishing the *HFA Funding Resource Guide, Identifying Potential and Existing Funding Streams*, and *HFA and Managed Care: A Partnership to Improve Child and Family Outcomes;* and releasing user-friendly research findings.

3. To ensure that all parts of the country can offer in-depth training and quality controls necessary for effective HFA sites: HFA has identified 12 standards of excellence in home visiting that are based on more than 20 years of research, offers credentialing for home visiting programs, and convenes beginning and continuing "train-the-trainers" institutes.

4. To establish national and state capacity to build upon and expand existing service networks and provide expertise to local communities: More than 20 national organizations, corporations, and public agencies have partnered with HFA. Almost every one of the 50 states has a statewide public/private–sector task force to promote home visiting. HFA sites were pilot tested in Wisconsin, Oklahoma, and Nevada, through a grant from the W. K. Kellogg Foundation.

5. To produce new insights on the most effective approaches and to support new parents, as well as on how to tailor HFA to different communities: Evaluation is institutionalized at virtually every HFA site. More than 50 researchers are participating in a new network to identify critical evaluation issues and create solutions.

Throughout the past five years, broad-based coalitions have formed and committed resources to make services more responsive to the needs of families and children. Communities and states have answered the call by developing long-term strategies for supporting families and implementing HFA services. The fulfillment of HFA's goals will come when the initiative is institutionalized and supports are offered to all parents across the nation.

Linda Turner has been a member of the staff of FRCA for more than 15 years.

Healthy Families America can be reached at 332 N. Michigan Avenue, 16th Floor, Chicago, IL 60604, 312/663-3520 (phone), 312/939-8962 (fax).

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RESOURCE FILE

This resource file is a starting point for finding additional information, publications, and assistance in the area of child welfare. It is not a comprehensive list. To be added to FRCA's data base, please contact FRCA at 200 S. Michigan Ave., 16th Floor, Chicago, IL 60604.

National Organizations

American Humane Association
63 Inverness Drive East
Englewood, CO 80112-5117
303/792-9900 (phone)
303/792-5333 (fax)
National network of individuals and organizations whose mission is to prevent cruelty, abuse, neglect, and exploitation of children and animals and to assure that their interests and well-being are fully, effectively, and humanely guaranteed by an aware and caring society.

American Professional Society on the Abuse of Children
407 South Dearborn, Suite 1300
Chicago, IL 60605
312/554-0166
Provides professional training and education, guidelines and research, public education, and legislative advocacy to promote effective, culturally sensitive, and interdisciplinary approaches to identifying, treating, and preventing child abuse and neglect.

Annie E. Casey Foundation
701 St. Paul Street
Baltimore, MD 21202-2314
410/547-6600 (phone)
410/547-6624 (fax)
Family to Family: Reconstructing Foster Care is the foundation's multiyear, multisite initiative to help child welfare systems prevent child maltreatment and respond more effectively when there is abuse and neglect.

Center for the Study of Social Policy
1250 Eye Street NW, Suite 503
Washington, DC 20005
202/371-1565 (phone)
202/371-1472 (fax)
Provides technical assistance to several states on implementing improved systems of services for children and families on the state and local levels. Also works to convert several child welfare class action lawsuits nationwide into less adversarial initiatives that achieve significant reforms.

Chapin Hall Center for Children
University of Chicago
1155 60th Street
Chicago, IL 60637
773/753-5900
A center for the research and development of policies, practices, and programs affecting children.

C. Henry Kempe National Center for the Prevention and Treatment of Child Abuse and Neglect
205 Oneida Street
Denver, CO 80220
303/321-3963
Emphasizes the development of treatment programs for abused children, conducts training programs, and offers technical assistance. Houses the National Child Abuse and Neglect Clinical Resource Center, which provides clinical consultation, referrals, training, and literature to aid in the multidisciplinary diagnosis and treatment of child abuse. A catalog of materials and services is available.

Child and Family Policy Center
218 Sixth Avenue
1021 Fleming Building
Des Moines, IA 50309-4006
515/280-9027 (phone)
515/244-8997 (fax)
Operates the clearinghouse and technical assistance resource network of the National Center for Service Integration and provides technical assistance and support to construct more comprehensive, community-based systems of support for children and families.

Children's Defense Fund
122 C Street NW
Washington, DC 20005
202/628-8787
Gathers data, publishes reports, and provides information on key issues affecting children. Monitors the development and implementation of federal and state policies; provides technical assistance and support to a network of state and local child advocates, organizations, and public officials; and pursues an annual legislative agenda.

Child Welfare League of America
440 First Street NW, Suite 310
Washington, DC 20001-2085
202/638-2952 (phone)
202/638-4004 (fax)
A membership organization that focuses on prevention and early intervention strategies regarding child welfare issues. Produces resources on issues related to child welfare.

Edna McConnell Clark Foundation
250 Park Avenue, Suite 900
New York, NY 10177
212/551-9100 (phone)
212/986-4558 (fax)
The foundation's Program for Children has developed and implemented a strategy for creating partnerships between communities and child protective services agencies to better protect children from abuse and neglect. Community Partnerships for Protecting Children sites receive direct support and technical assistance.

National Center on Child Abuse and Neglect Administration for Children and Families, U.S. Department of Health and Human Services
P.O. Box 1182
Washington, DC 20013
202/245-0814
Conducts research; collects, analyzes, and disseminates information on child abuse and neglect; and provides assistance to states and communities for activities on the prevention, identification, and treatment of child abuse and neglect.

National Committee to Prevent Child Abuse
332 South Michigan Avenue, Suite 1600
Chicago, IL 60604
312/663-3520
Works with community, state, and national groups to expand and disseminate knowledge about child abuse prevention and to transform that knowledge into community action through sound policies and prevention programs. Publishes educational materials on parenting, child abuse, and child abuse prevention.

National Council of Juvenile and Family Court Judges
University of Nevada
P.O. Box 8970
Reno, NV 89507
702/784-6012 (phone)
Works to further more effective administration of justice for young people through the improvement of juvenile and family court standards and practices.

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National Indian Child Welfare Association
3611 SW Hood Street, Suite 201
Portland, OR 97201
503/222-4044 (phone)
503/222-4007 (fax)
Produces resources and provides technical assistance on issues related to Native American children and families. Provides cultural competency training for family services providers to develop this competency through the policies, procedures, practices, and values of an organization.

National Resource Center for Family Centered Practice
Home Office: University of Iowa School of Social Work
112 North Hall
Iowa City, IA 52242-1223
319/335-2200 (phone)
319/335-2204 (fax)
Provides technical assistance, training, research and evaluation, and information services to child welfare and other human services agencies in states, counties, and communities nationwide.

Parents Anonymous
675 West Foothill Boulevard, Suite 220
Claremont, CA 91711-3475
909/621-6184 (phone)
909/625-6304 (fax)
HN3831@handsnet.org
Provides technical assistance and training on leadership skills for parents. Trains parents to train other parents to operate mutual support groups.

Publications

Many organizations listed above have produced training manuals and other resources on child welfare; they can be contacted for information on these. The books listed below are available from FRCA, 312/341-0900.

Beyond the Buzzwords: Key Principles in Effective Frontline Practice
by Jill Kinney, Kathy Strand, Marge Hagerup, and Charles Bruner
(National Center for Service Integration and the National Resource Center for Family Support Programs, 1994)
This working paper is a first effort to describe the clinical and theoretical basis for believing that a set of service principles can lead to success in the field, and to describe how evaluators might assess whether those principles are put into practice in programs.

Family Support Programs and the Prevention of Child Abuse
(FRCA, 1993)
This four-page fact sheet contains a review of the principles of family support and common features of family support programs followed by an essay on preventing child abuse, examples of program models, and national organizations to contact for more information.

Guidelines for Family Support Practice
(FRCA, 1996)
This book is built around nine principles that state how family support premises should be and are being carried out. Each principle is explored in depth with the theory and research underlying the principle, the key practices programs should follow to realize the principle, and practice examples that bring the principle to life.

Supporting Effective Citizen Involvement in Child Protective Services: A Guide for State and Local Officials
by Stephen Scott and Charles Bruner (Child and Family Policy Center, 1996)
A brief resource on how to effectively involve and support communities regarding child safety.

Thinking Collaboratively: Ten Questions and Answers to Help Policy Makers Improve Children's Services
by Charles Bruner
(Education and Human Services Consortium, 1991)
This monograph helps state and local policy makers consider how best to foster local collaboration that truly benefits children and families. Check lists are provided to help policy makers quickly assess key issues in establishing interagency initiatives, demonstration projects, and statewide reforms to foster collaboration.

World Wide Web Sites

Watch your mail box for an announcement of FRCA's national web site, coming soon!

American Humane Association
http://www.amerhumane.org/aha

American Professional Society on the Abuse of Children
http://child.cornell.edu/APSAC/apsac.home.html

American Public Welfare Association
http://www.apwa.org

The Child Abuse Prevention Network
http://child.cornell.edu

Child Welfare League of America
http://handsnet.org/cwla

Children's Institute International
http://childrensinstitute.org

Coalition for America's Children
http://www.usakids.org

Family Violence Prevention Fund
http://www.fvpf.org/fund

Global ChildNet (Global Child Health Society)
http://www.gcnet.org/gcnet

HandsNet
http://www.handsnet.org

National Child Care Information Center
http://ericps.ed.uiuc.edu/nccic/nccichome.html

National Council of Juvenile & Family Court Judges
http://www.ncjfcj.unr.edu

National Information Center for Children & Youth With Disabilities
http://www.aed.org/nichcy/index.html

World Health Organization
http://www.who.ch

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The Family Resource Coalition . . . of America!

Changing the Way America Works for Families

We're now known as the Family Resource Coalition of America! Because of your work, formal and informal networks are forming in communities, regions, and states across the country. The change in our name and logo clarifies our role in the family support movement: the Family Resource Coalition of America is the national meeting place and resource center for you and people like you who believe that families deserve support. Together, we're stronger!

The Family Resource Coalition of America (FRCA) works to bring about a completely new societal response to children, youth, and their families: one that strengthens and empowers families and communities so that they can foster the optimal development of children, youth, and adult family members—one that solves problems by preventing them. We envision a society in which all of us—families, communities, government, social service institutions, businesses—work together to provide healthy, safe environments for children and families to live and work in.

We envision an America in which:

- All children, youth, and families can get the resources they need, right in their own neighborhoods, to be strong and healthy. Classes and support groups, after-school programs, emergency assistance, counseling, or job training: whatever families need, they find it.
- All communities reinforce the efforts of families to raise responsible, productive, confident, joyous children. Neighbors watch out for each other across racial, ethnic, religious, and economic lines. Diversity is a cause for celebration, not discrimination.
- All institutions that serve children and families (including schools, human services, health and mental health providers, and private agencies) work together. They embrace family support principles and put those principles into practice.
- All levels of government make family and youth needs (including economic security, adequate housing, and the viability and safety of every community) a priority.
- All workplaces have family-friendly policies and practices.

The Family Resource Coalition of America is recognized as the national convener of all those who participate in the family support movement. Our job is to bring people together, to facilitate communication among proponents of the family support approach, to provide the most current family support information and resources, and to be the umbrella under which people and organizations come together to change the way America works for families.

FRCA members:

- Are a national network of people who share your values and your dreams.
- Receive resources that help them do their work.
- Get discounts on information-packed FRCA conferences and publications.
- Help increase the capacity and visibility of family support programs.

Whether you provide, plan, or fund direct services to families, you are a vital part of the family support movement. You are strengthening and supporting families. FRCA is your professional organization, one-stop resource shopping place, and "support group" rolled into one.

For more information on joining the Family Resource Coalition of America or to receive a catalog of our publications and services, contact us at 200 S. Michigan Ave., 16th Floor, Chicago, IL 60604, 312/341-0900 (phone), 312/341-9361 (fax).

FAMILY RESOURCE COALITION OF AMERICA

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